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COUNTY BOROUGH OF WIGAN



Report
on the
Health
of the
County Borough of Wigan
1965

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1965

J. HAWORTH HILDITCH,
Medical Officer of Health.
Principal School Medical Officer.
Medical Referee of the Borough Crematorium.



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HEALTH COMMITTEE 1965**(Appointed 26th May, 1965)**

Chairman	Alderman J. T. LYNCH, J.P.	
Vice-Chairman	Councillor J. BOWDEN	
The Mayor	Councillor F. CONNOLLY, J.P.	
Alderman	H. DOWLING, J.P.	
Councillors	J. T. FARRIMOND	C. FOSTER
	C. D. HART	T. MONKS
	MRS. E. NAYLOR	MISS A. PEET
	MRS. M. PRATT	J. RANKIN
	S. SHERRATT	J. E. SMITH
	J. TABERNER	
Co-opted Members	MR. R. D. DICKSON, J.P.	MRS. B. G. HOUGHTON
	DR. F. G. INCE	DR. D. W. JOHNSON
	MRS. C. RAYNER, J.P.	

STAFF, 1965

Medical Officer of Health	J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H. (Vict.).
Deputy Medical Officer of Health	*T. L. O'DONNELL, M.B., Ch.B., D.P.H.
Assistant Medical Officers	*R. McLEAN BAIN, M.B., Ch.B., D.P.H.
	*A. F. HOWARTH, M.B., B.Ch.
Dental Officer	*C. F. L. PURSLOW, L.D.S., R.C.S., Eng. (to 30.9.65) *S. AALEN, L.D.S. (from 14.9.65).
Consultant Obstetric Surgeon	*R. L. HARTLEY, M.D., F.R.C.O.G., F.R.C.S. (E)
Chest Physician	*E. H. W. DEANE, M.B., B.S.
Consultant Venereologist	*PHILIP S. SILVER, M.R.C.S., L.R.C.P.
Orthopaedic Surgeon	*EDWARD W. KNOWLES, M.Ch.(Orth.) F.R.C.S.(Ed.)
Ophthalmic Surgeon	*V. T. LEES, M.B., Ch.B., D.O.M.S.

Public Analyst	....	....	*J. GRAHAM SHERRATT, B.Sc., F.R.I.C.
Chief Public Health			
Inspector	....	....	J. B. MARSH, F.R.S.H., M.A.P.H.I.
Deputy Chief Public Health			
Inspector	....	....	P. STRAFFORD (<i>a</i>) (<i>b</i>) (<i>h</i>)
Public Health Inspectors	....		M. BAMBER (<i>a</i>) (<i>b</i>)
			L. M. Biddulph (<i>a</i>) (<i>b</i>) (<i>h</i>) (from 1.12.65)
			D. M. BOLD (<i>a</i>) (<i>b</i>) (<i>h</i>) (from 1.3.65 to 30.11.65)
			R. FARNWORTH (<i>a</i>) (<i>b</i>)
			E. HARRIS (<i>a</i>) (<i>b</i>) (<i>h</i>)
			M. HUGHES (<i>a</i>) (<i>b</i>) (<i>h</i>) (from 1.3.65 to 31.10.65)
			J. INESON (<i>a</i>) (<i>b</i>) (<i>h</i>)
			E. MARSDEN (<i>a</i>) (<i>b</i>) (<i>h</i>)
			K. PARKIN (<i>a</i>) (<i>b</i>)
			K. SIMM (<i>a</i>) (<i>b</i>) (<i>h</i>)
			J. G. THOMAS (<i>a</i>) (<i>b</i>)
Senior Health Visitor	....		E. M. WRIGHT (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>g</i>)
Health Visitors	....	....	P. ALKER (<i>c</i>) (<i>d</i>) (<i>e</i>) (from 26.7.65)
			F. M. L. DAVIES (<i>c</i>) (<i>d</i>) (<i>e</i>)
			*B. I. HIGGINS (<i>c</i>) (<i>d</i>) (<i>e</i>)
			C. JACKSON (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>g</i>)
			J. P. JAMES (<i>c</i>) (<i>d</i>) (<i>e</i>)
			*B. M. MIDDLEHURST (<i>c</i>) (<i>d</i>) (<i>e</i>) (to 16.7.65)
			M. E. MILLS (<i>c</i>) (<i>d</i>) (<i>e</i>)
			Z. M. VERNON (<i>c</i>) (<i>d</i>) (<i>e</i>) (<i>f</i>) (<i>g</i>)
			M. J. WALMESLEY (<i>c</i>) (<i>d</i>) (<i>e</i>)
Tuberculosis Visitor	....		E. CODY (<i>c</i>) (<i>d</i>)

Supervisor of Midwives	....	....	....	W. KAY (c) (d)
Midwives:				
J. A. BIRCH (c) (d) (from 19.6.65)				C. B. MORAN (c) (d)
P. G. DAWBER (c) (d)				F. O'DWYER (c) (d)
M. C. DIX (c) (d)				M. QUINN (c) (d)
G. GREGORY (c) (d)				B. RICHARDSON (c) (d) (from 1.3.65)
D. HITCHEN (c) (d)				C. RYDER (c) (d) (to 13.1.65)
L. HOLCROFT (c) (d)				L. TURTON (c) (d)
				P. WAITE (c) (d)
Day Nursery Matron	....	....	....	M. F. LUCAS (d) (f)
Superintendent of the Home Nursing Service	....	....	....	E. WILSON (d) (g)
District Nurses:				
D. AUGURIO (d) (g)				M. E. LEATHERBARROW (d)
L. BANKS (d) (g)				(to 31.12.65)
J. BURNS (d) (to 20.10.65)				M. MOLLOY (d)
*M. CHAMPION (d) (to 23.2.65)				V. PYKE (d) (from 15.11.65)
W. M. DOHERTY (c) (d) (g)				A. REIGATE (c) (d) (g)
M. FITZPATRICK (i)				B. RYLANCE (d) (to 25.11.65)
E. M. GARDNER (d) (g)				JOHN M. WALKER (d) (g)
ARTHUR HALL (d) (g)				A. E. WEMYSS (d)
Junior Training Centre Supervisor	....			J. HANSON
Senior Training Centre Manager	....	....		E. HILTON
Mental Health Service:				
Senior Mental Welfare Officer	....			J. A. PIETRE, B.A.
Mental Welfare Officers	....	....		J. C. BARCLAY (to 31.8.65)
				E. I. DAVISON
				A. TAYLOR
				J. WARRILOW (from 18.1.65)
Welfare Services:				
Senior Assistant	....	....	....	A. SIMM
Welfare Officers	....	....	....	H. A. SPEAKMAN
				B. T. WATT
Ambulance Service:				
Ambulance Superintendent	....			J. MORT (to 27.12.65)
Senior Chiropodist	....	....	....	S. R. AINSWORTH
Lay Administrative Officer	....	....		G. CREE, D.M.A.

* Part-time Officers.

- (a) Public Health Inspectors Certificate.
- (b) Meat Inspectors Certificate.
- (c) Certificate, Central Midwives Board.
- (d) State Registered Nurse.
- (e) Health Visitors Certificate.
- (f) Registered Fever Nurse.
- (g) Queen's Nurse.
- (h) Smoke Inspectors Certificate.
- (i) State Enrolled Nurse.

INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Wigan.

“What seems clear is that the demand for medical care attains an impressive level when the means to satisfy it are available.”

M. G. CANDAU, M.D. Director General W.H.O.

The Health Department of any all-purpose County Borough is of necessity a complex administrative machine, dependent for the success or otherwise of its operations upon its own staff, the staff of other departments of the Corporation and the co-operation and goodwill of many outside bodies. It is the instrument whereby the Council exercises its powers under an increasing number of Acts and Statutes to safeguard the health and well-being of the public. It has the great disadvantage, unlike the trading services, of being unable to show a profit, yet I venture to suggest that a close perusal of the body of this report will show that the “consumers” get good value for their money.

Perhaps our “profit” is shown by the comparative statistics in the appropriate section but there are few who care that the infant mortality rate has been reduced by half and deaths from pulmonary tuberculosis by more than ten times since 1949; that there has been no case of diphtheria in the borough for the last 17 years; that in the year under review it was not just good fortune which kept the virus of poliomyelitis at bay, although a sizeable epidemic ran its course in a community not many miles away. Problems we have, and many, like the continued presence of bronchitis, pulmonary tuberculosis, cancer of the lung, or coronary thrombosis, could with public support be reduced without the expenditure of large sums of money.

In contrast to the foregoing the public are very much aware of the scale of provision of the local health authority’s personal health services and within the limits of the financial priorities given to us we have endeavoured to expand these in order to meet the growing needs of an ageing population on the one hand and the more intensive use of child and maternal welfare services by a more knowledgeable and enlightened younger generation on the other.

In some directions the adoption of new ideas is thwarted by the shortage of professional staff. This is particularly so in the case of health visitors and the recent increase in the standard required for entry to the training course has temporarily prevented us from sending more students. As a corollary to this it has not been possible to arrange more secondments of health visitors to general practitioners, a service much in fashion at the present time and undoubtedly one way of relieving some of the burden of these hard-pressed doctors.

We are continually looking for ways in which to relieve the health visitors of time-consuming tasks which can be undertaken by staff trained in other disciplines and to this end the department was authorised to set up a Family Service Unit to take over the intensive care and instruction of families whose inadequate personalities rendered them incapable of coping with their multiple problems. A specialist case worker was appointed and the service was beginning to function at the turn of the year.

The advance of medical science is formidable and each new technique or drug which wins acceptance brings increased pressure on hospital beds and medical and nursing staff. The impossible task of trying to practice 20th century medicine in 19th century hospitals leads inexorably to the acceptance by both patient and doctor of a greater proportion of community or domiciliary care. Thus the Home Nursing, Domestic Help, Meals on Wheels and Chiropody Service have in their turn all been under strain. The provision of full employment for women in the Borough is beginning to have its effect on the recruitment of part-time domestic helps.

Much interest is being shown in the pre-symptomatic diagnosis of diseases particularly those which in the present state of our medical knowledge are susceptible to early treatment. Cancer of the breast and cervix figure predominantly in this group. The Council successfully sought amendment to its schemes for the provision of services under the National Health Service Acts in order to be in a position to offer a cyto-diagnostic service to susceptible groups in the community at an early date. The inauguration of this service depends mainly on the availability of trained laboratory technicians in the service of the Regional Hospital Board.

In the field of mental health the opening of the Day Care Centre at Marsh Green has helped to relieve the pressure on the peripheral psychiatric unit at Billinge Hospital and improve the lot of the ageing, lonely psychiatric patient and his relatives. As more new multi-purpose buildings come into use it is hoped to extend this facility in other areas of the town.

The opening of "Fabrex," a training unit for adults, has brought a new outlook to both trainees and staff. Visitors cannot but be impressed by the atmosphere of purposeful endeavour which permeates the whole of this delightful building. The commissioning of a mini-hostel for retarded persons has filled a gap in the services and its obvious success will ensure the adoption of the idea by other authorities who may be finding large hostels for this purpose difficult to site, to staff and to supervise.

The Borough's services for the aged were boosted by the occupation of the first two units of warden-controlled low-rental flatlets and the Welfare Services Section was closely involved with the provision of the community amenities, the appointment of wardens and the assessment of priorities for admission. An innovation was the establishment of two-way traffic between Part III hostel residents and the flatlets. A return ticket as it were to a fuller community life for the few who do achieve sufficient rehabilitation to again live independently with minimum supervision. The success of this venture owes much to the voluntary bodies mentioned in the report who furnished the flatlets.

It has been noticed that the provision of alternative forms of accommodation suitable for the aged has led to a large increase in the proportion of those in Hostel Accommodation being more infirm and less mobile than in the earlier years. This places an additional burden on the staff, particularly the attendants who have no formal nursing training. In an effort to alleviate the situation the Superintendent of the Home Nursing Service has during the year given an in-

service course of instruction in simple patient management appropriate to the situation. Those members of the staff who wished to attend were encouraged to do so and the response was gratifying and indicates their willingness to accept new ideas and responsibilities.

The expansion of the Ambulance Service continues, although at a slower rate than in previous years. During the year a survey was undertaken by the Department to determine whether the resources in vehicles and manpower were being deployed to best advantage. The report, with a summary of the conclusions reached, is reproduced as an appendix on page 119. Clearly the only hope of achieving a major economy in this service lies in the re-education of patients and to a lesser extent hospital staff as to its proper use.

The Chief Public Health Inspector has submitted a report to me on the work of the environmental and sanitary services. Progress in smoke control from domestic chimneys is again confined to areas of new building and to the houses of those individuals who "go smokeless" at their own expense. There is still no sign of a national fuel policy, although the imminence of an abundance of gas from under the North Sea should stimulate matters in this direction. Continued progress in the demolition of unfit property and the re-housing of tenants has taken a large proportion of the time of the inspectorate and there can be few boroughs in the North West which can equal the rate of our effort in housing re-development and in the rehabilitation of older properties.

The report contains information from the Borough Analyst concerning foreign bodies discovered in food products. This problem has increased in recent years due in part to the greater volume of sales of made-up foods and the increasing difficulty of manufacturers to retain skilled labour. In an effort to improve matters so far as the training and education of staff is concerned the Department helped to inaugurate a course in Food Hygiene for Food Handlers at the Wigan Mining and Technical College and its success leads one to believe that it will be the first of many such ventures. We ask for the co-operation of the local food industry at both manufacturing and sales levels in maintaining a steady flow of students.

The increase in the number of animals slaughtered and hence the amount of meat inspected which I mentioned in my last report continues unabated and takes up a disproportionate amount of time of the public health inspectorate including long hours of overtime at night and at weekend.

About the turn of the year the Department suffered the loss of two most valuable members, both of whom had served with distinction over a long number of years. I refer to Mr. R. L. Hartley, who as Consultant Obstetrician and Gynaecologist had laid the foundations of an efficient and well co-ordinated maternity service in the borough, and to Mr. J. Mort, who had been a member of the Ambulance Service since its inception, latterly holding the post of Superintendent. In their different spheres they gave unstintingly of their energies for the benefit of the people of Wigan. They will long be remembered with reverence and affection.

In conclusion I express my thanks to the staff for their loyal co-operation and for the good work which they have done throughout the year. Similarly to the chief officers and technical advisers of other departments for their help from time to time and lastly to the Chairman and members of the Health Committee for the interest and enthusiasm with which they have received the many problems which have been brought to them throughout the year.

J. HAWORTH HILDITCH,

Medical Officer of Health.

HEALTH OFFICE,
MUNICIPAL BUILDINGS,
LIBRARY STREET,
WIGAN.

JULY, 1966.

Section I

**Natural and
Social Conditions
of the Area**

GENERAL

Area in acres	....	....	....	....	....	....	....	5,083
Rateable Value of the Borough, 31st December, 1965	....	....	£2,887,070					
Sum Represented by a Penny Rate	....	....	....	....	....	....	....	£11,215
Registrar General's estimated population on 1st July, 1965 (on which figure statistics in this report are based)	....	....	77,690					
Number of inhabited houses on the 31st December, 1965 (according to the Rate books)	....	....	....	....	....	....	....	24,705
Number of marriages solemnized within the Borough during 1965								681

The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleaning only during the winter months. The waters are badly polluted before they enter the borough and as a result of this and subsequent pollution the river maintains little or no life—plant nor animal. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

Geologically, the whole of the Borough rests on the lower coal measures, or Gannister beds, which are here very superficial. This has led to outcrop mining in several parts of the district. The subsoil is mainly clay which in places has a depth of nearly 20 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Standish. This sand is also found in “pockets” in other parts of the Borough. Much of the Western portion, beyond the Park, lies on a fairly extensive gravel bed.

Extensive mining operations over several generations have brought about subsidence in many parts of the Borough. In some areas this has had a disastrous effect on property and is a constant source of worry both as regards the conditions of old sewers and water mains and planning sites for new buildings.

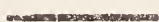
The population is essentially an industrial one, the principal industries being manufacture of coal mining equipment, iron and steel working, cotton spinning and weaving and the manufacture of clothing, telephone equipment, plastic hollow ware and paper board packing cases.

The development of the Lamberhead Green trading estate brought some light industry to the town but much more work of this sort is required. The Ministry of Labour Remploi Factory caters for the disabled who are able to perform useful work.

In addition the availability of female labour in the town has prompted the opening of more factories for the machining of garments and the packaging of mail order goods.

The number of elderly citizens in the community is increasing. Many young married people, particularly in Social Classes III and IV, are moving out to the less congested dormitory areas on the periphery of the town. From here many return daily to seek their living in Wigan and invariably they use the facilities available in the Borough for education, recreation and shopping.

Section II



Statistics

VITAL STATISTICS, 1964-65

	1964	1965
Area (acres)	5,083	5,083
Population (Estimated by Registrar General)	77,250	77,690
Live Births: Males 668 } Females 606 } Total	1,274	1,274
Rate per 1,000 population	16.49	16.40
Illegitimate Live Births per cent of total live births	4.55	4.63
Stillbirths: Number	29	27
Rate per 1,000 total live and still births	22.26	20.75
Total Live and Still Births	1,303	1,301
Infant Deaths (Deaths under 1 year)	30	31
Infant Mortality Rates:		
Total Infant Deaths per 1,000 total live births....	23.55	24.33
Legitimate Infant Deaths per 1,000 legitimate live births	23.85	23.87
Illegitimate Infant Deaths per 1,000 illegitimate live births	17.24	33.90
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	16.48	17.27
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	14.13	14.13
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	36.07	34.59
Maternal Mortality (including abortion):		
Number of Deaths	1	1
Rate per 1,000 total live and still births	0.77	0.77
Adjusted Birth Rate per 1,000 Population (Area comparability factor 1.05)	17.31	17.22
Ratio of local adjusted rate to national rate	0.94	0.95
Birth Rate for England and Wales	18.4	18.1
Deaths of Infants under 1 day old	12	12
Ditto. 1 year (legitimate)	29	29
Ditto. 1 year (illegitimate)	1	2
Excess of Registered Births over Deaths	310	247
Deaths: Males 523 } Females 504 } Total	964	1,027
Rate per 1,000 population	12.48	13.22
Adjusted Death Rate per 1,000 population (Area comparability factor 1.11)	14.10	14.67
Ratio of local adjusted rate to national rate	1.25	1.27
Death Rate for England and Wales	11.3	11.5
Infantile mortality rate per 1,000 births for England and Wales	20.0	19.0

CAUSES OF DEATH WITH DEATH RATES, 1965

DISEASE							No. of Deaths	Rate
1.	Tuberculosis, Respiratory	...	...	...	...	...	4	.05
2.	Tuberculosis, Other	...	...	...	...	...	—	—
3.	Syphilitic Disease	...	...	...	...	...	1	.01
4.	Diphtheria	...	...	...	...	...	—	—
5.	Whooping Cough	...	...	...	...	...	—	—
6.	Meningococcal Infections	...	...	...	...	...	—	—
7.	Acute Poliomyelitis	...	...	...	...	...	—	—
8.	Measles	...	...	...	...	...	—	—
9.	Other Infective and Parasitic Diseases	...	...	...	...	...	3	.04
10.	Malignant Neoplasm Stomach	...	...	...	...	...	24	.31
11.	„ „ Lung, Bronchus	...	...	...	...	...	46	.59
12.	„ „ Breast	...	...	...	...	...	15	.19
13.	„ „ Uterus	...	...	...	...	...	6	.08
14.	Other Malignant and Lymphatic Neoplasms	...	...	...	...	...	87	1.12
15.	Leukaemia, Aleukaemia	...	...	...	...	...	4	.05
16.	Diabetes	...	...	...	...	...	9	.12
17.	Vascular Lesions of Nervous System	...	...	...	...	...	142	1.83
18.	Coronary Disease, Angina	...	...	...	...	...	193	2.49
19.	Hypertension with Heart Disease	...	...	...	...	...	7	.09
20.	Other Heart Disease	...	...	...	...	...	119	1.53
21.	Other Circulatory Disease	...	...	...	...	...	44	.57
22.	Influenza	...	...	...	...	...	1	.01
23.	Pneumonia	...	...	...	...	...	36	.46
24.	Bronchitis	...	...	...	...	...	83	1.07
25.	Other Diseases of Respiratory System	...	...	...	...	...	18	.23
26.	Ulcer of Stomach and Duodenum	...	...	...	...	...	7	.09
27.	Gastritis, Enteritis and Diarrhoea	...	...	...	...	...	4	.05
28.	Nephritis and Nephrosis	...	...	...	...	...	4	.05
29.	Hyperplasia of Prostate	...	...	...	...	...	1	.01
30.	Pregnancy, Childbirth, Abortion	...	...	...	...	...	1	.01
31.	Congenital Malformations	...	...	...	...	...	6	.08
32.	Other Defined and Ill-Defined Diseases	...	...	...	...	...	121	1.56
33.	Motor Vehicle Accidents	...	...	...	...	...	10	.13
34.	All Other Accidents	...	...	...	...	...	20	.26
35.	Suicide	...	...	...	...	...	11	.14
36.	Homicide and Operations of War	...	...	...	...	...	—	—
							1027	13.22

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH 1965

CAUSES	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES ...	M.	523	15	6	1	2	8	2	17	49	127	165	131
	F.	504	7	3	2	1	3	3	14	29	75	135	232
1 Tuberculosis, Respiratory	M.	4	—	—	—	—	—	—	—	1	2	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
2 Tuberculosis, Other ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
3 Syphilitic Disease ...	M.	1	—	—	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
4 Diphtheria ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute Poliomyelitis ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
9 Other Infective and Parasitic Diseases ...	M.	2	—	1	—	—	—	—	—	1	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—	—	—
10 Malignant Neoplasm, Stomach ...	M.	13	—	—	—	—	—	—	1	1	9	1	1
	F.	11	—	—	—	—	—	—	—	2	1	2	6
11 Malignant Neoplasm, Lung, Bronchus ...	M.	38	—	—	—	—	—	—	1	4	14	13	6
	F.	8	—	—	—	—	1	—	1	1	2	3	—
12 Malignant Neoplasm, Breast ...	F.	15	—	—	—	—	—	—	—	3	8	4	—
13 Malignant Neoplasm, Uterus ...	F.	6	—	—	—	—	—	—	—	—	2	1	3
14 Other Malignant and Lymphatic Neoplasms	M.	43	—	—	1	—	2	—	3	7	7	15	8
	F.	44	—	—	—	—	—	—	1	5	10	10	18
15 Leukaemia, Aleukaemia...	M.	2	—	—	—	1	—	—	—	—	—	1	—
	F.	2	—	—	—	1	—	—	—	—	—	1	—
16 Diabetes ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	9	—	—	—	—	—	—	—	—	5	3	1
17 Vascular Lesions of Nervous System ...	M.	56	—	—	—	—	—	1	1	3	6	19	26
	F.	86	—	—	—	—	—	—	—	4	11	28	43
18 Coronary Disease, Angina ...	M.	126	—	—	—	—	—	—	4	16	39	52	15
	F.	67	—	—	—	—	—	—	1	6	13	23	24

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH

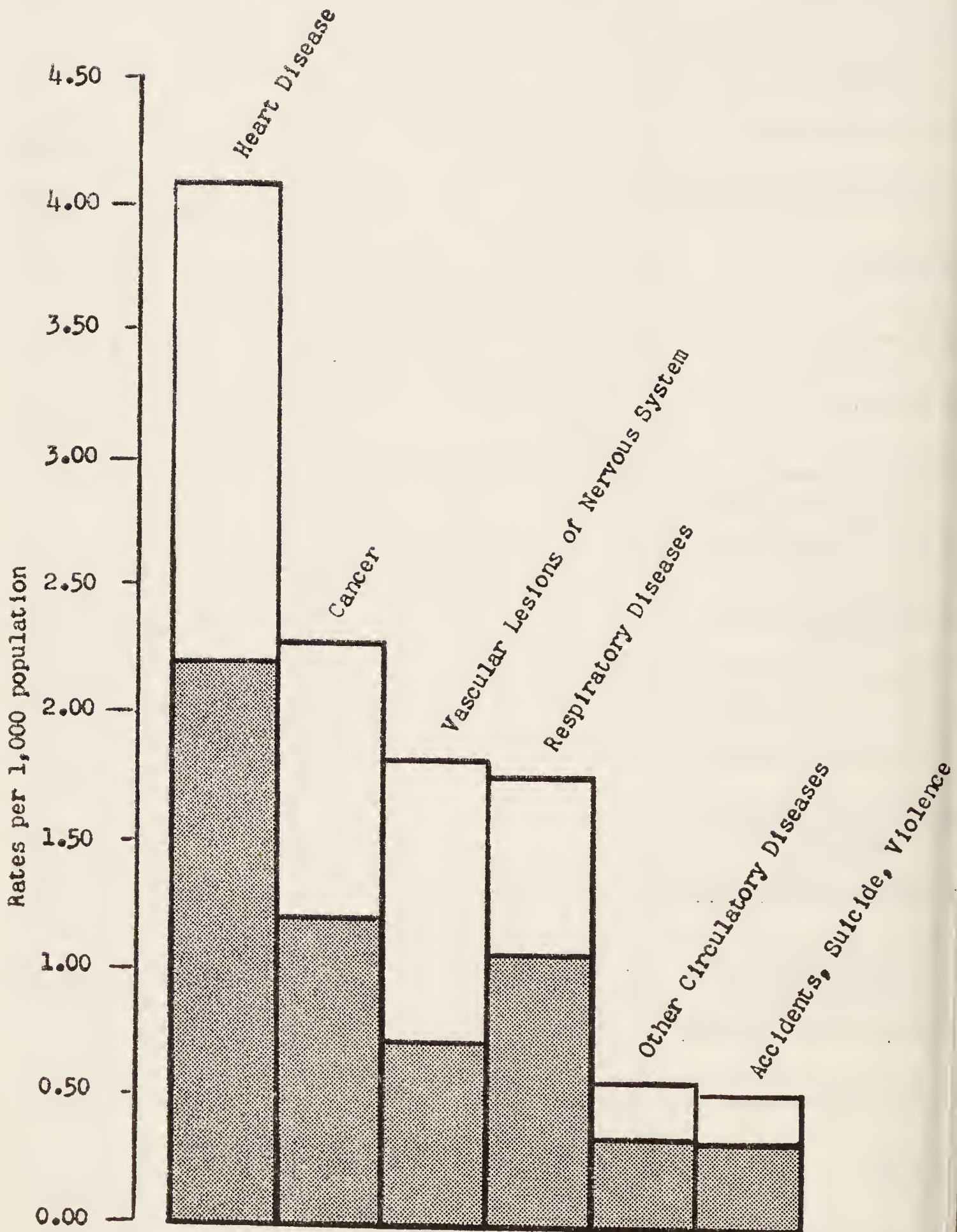
1965—continued

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PRINCIPAL CAUSES OF DEATH AT ALL AGES, 1965

SHADED PORTION — MALES

UNSHADED PORTION — FEMALES



Crude Death Rates for Wigan During the Last Ten Years

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
11.02	11.53	11.57	11.07	12.04	13.91	12.57	13.26	12.48	13.22

INQUESTS AND UNCERTIFIED DEATHS

(Wigan Residents Only)

The number of inquests held during 1965 was 80, and the following verdicts have been recorded:—

Natural Causes: 39

Accidents:

Road	....	....	....	....	....	....	....	11	
Fall	.....	....	....	....	....	....	....	8	
Drowning		....	....	....	....	....	....	4	
Gas	....	....	....	....	....	....	....	2	
Burns	....	....	....	....	....	....	....	2	
Asphyxia while asleep in cot	....	....	....	....	....	....	....	1	28

Suicide:

Gas	....	....	....	....	....	....	....	7	
Threw himself from landing	....	....	....	....	....	....	....	1	
Run over by train	....	....	....	....	....	....	....	1	
Barbiturate poisoning	....	....	....	....	....	....	....	1	10

Open:

Gas	....	....	....	....	....	....	....	2	
Drowning	....	....	....	....	....	....	....	1	3

—
80
—

DEATHS FROM CERTAIN RESPIRATORY DISEASES

Comparative Rates for the Past Five Years

Bronchitis

			1961	1962	1963	1964	1965
Deaths ....	....	....	101	82	80	51	83
Rates ....	....	....	1.28	1.04	1.01	0.66	1.07

Pneumonia

			1961	1962	1963	1964	1965
Deaths ....	....	....	53	40	45	38	36
Rates ....	....	....	0.67	0.51	0.57	0.49	0.46

Pulmonary Tuberculosis

			1961	1962	1963	1964	1965
Deaths ....	....	....	7	5	3	4	4
Rates ....	....	....	0.09	0.06	0.04	0.05	0.05

Cancer of the Lung, Bronchus

			1961	1962	1963	1964	1965
Deaths ....	....	....	45	22	46	39	46
Rates ....	....	....	0.57	0.28	0.58	0.50	0.59

Other Diseases of Respiratory Organs

			1961	1962	1963	1964	1965
Deaths ....	....	....	22	15	14	17	18
Rates ....	....	....	0.28	0.19	0.18	0.22	0.23

Total from all Respiratory Causes

			1961	1962	1963	1964	1965
Deaths ....	....	....	228	164	188	149	187
Rates ....	....	....	2.89	2.08	2.38	1.92	2.40

CANCER

Deaths 1896-1965

	No.	Rate		No.	Rate
1896—1900	137	0.44	1931—1935	538	1.28
1901—1905	179	0.53	1936—1940	586	1.42
1906—1910	223	0.49	1941—1945	609	1.54
1911—1915	276	0.61	1946—1950	669	1.59
1916—1920	308	0.72	1951—1955	717	1.72
1921—1925	347	0.76	1956—1960	743	1.82
1926—1930	410	0.93	1961—1965	815	2.08

CANCER

Localisation of Disease, Number of Deaths and Rate per 1,000

Population Annually for the past Ten Years

	1956		1957		1958		1959		1960		1961		1962		1963		1964		1965	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Uterus	6	.07	6	.07	7	.09	6	.07	6	.07	4	.05	8	.10	12	.15	7	.10	6	.08
Stomach	30	.37	28	.34	33	.41	40	.49	29	.36	23	.29	21	.27	27	.34	24	.31	24	.31
Breast	17	.21	11	.13	14	.17	11	.14	14	.17	13	.17	12	.15	17	.22	14	.18	15	.19
Lung, Bronchus...	27	.33	38	.47	27	.33	40	.49	41	.50	45	.57	22	.28	46	.58	39	.50	46	.59
Other Sites ...	51	.62	52	.64	52	.64	85	1.05	72	.89	64	.81	77	.98	79	1.00	83	1.07	87	1.12
Total Deaths from Cancer ...	131	1.60	135	1.65	133	1.64	182	2.24	162	1.99	149	1.89	140	1.78	181	2.29	167	2.16	178	2.29
Total Deaths All Causes ...	905	11.02	942	11.53	941	11.57	959	11.82	975	12.04	1098	13.91	992	12.57	1045	13.26	964	12.48	1027	13.22

ANALYSIS OF LIVE PREMATURE BIRTHS 1965

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
					Died				Died			
	Total Births (1)	within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total Births (5)	within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total Births (9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)
1 2lb. 3oz. or less	3	2	—	—	—	—	—	—	—	—	—	—
2 Over 2 lb. 3oz. up to and including 3lb. 4oz.	7	2	—	—	—	—	—	—	—	—	—	—
3 Over 3lb. 4oz. up to and including 4lb. 6oz.	25	2	1	1	—	—	—	—	2	—	—	—
4 Over 4lb. 6oz. up to and including 4lb. 15oz.	25	2	—	—	—	—	—	—	—	—	—	—
5 Over 4lb. 15oz. up to and including 5lb. 8oz.	47	1	2	—	3	—	—	—	3	—	2	1
6 TOTAL	107	9	3	1	3	—	—	—	5	—	2	1

INFANTILE AND MATERNAL MORTALITY

Infantile Mortality

The number of deaths of children under one year was 31, a rate of 24.33 per 1,000 births, and of children over one year and under five years 3, or .04 per 1,000 of the population. (In 1964 there were 30 deaths under 1 year, a rate of 23.55 per 1,000).

The deaths occurred as follows:—

HOME:	HOSPITALS:
4	16 Billinge Hospital
	4 Royal Albert Edward Infirmary
	2 Whelley Hospital
	3 Royal Children's Hospital, Manchester
	1 St. Mary's Hospital, Manchester
	1 Other

Of these, 18, *i.e.*, 58% died during the first week of life.

The NEO-NATAL DEATH RATE (deaths per 1,000 live births on or before the 28th day of life) was 17.27. The numbers were:—

	Male	Female	Total
Legitimate	13	7	20
Illegitimate	2	—	2
	—	—	—
	15	7	22
	—	—	—

The PERINATAL RATE for the year was 34.59 compared with 36.07 in 1964 and 34.46 in 1963.

The average rates for the previous 30 years were as follows:—

1935—1944	....	....	72.94
1945—1954	....	....	53.51
1955—1964	....	....	41.56

The STILL-BIRTH RATE for the year was 20.75 compared with 22.26 in 1964 and 22.73 in 1963.

The average rates for the previous 30 years were as follows:—

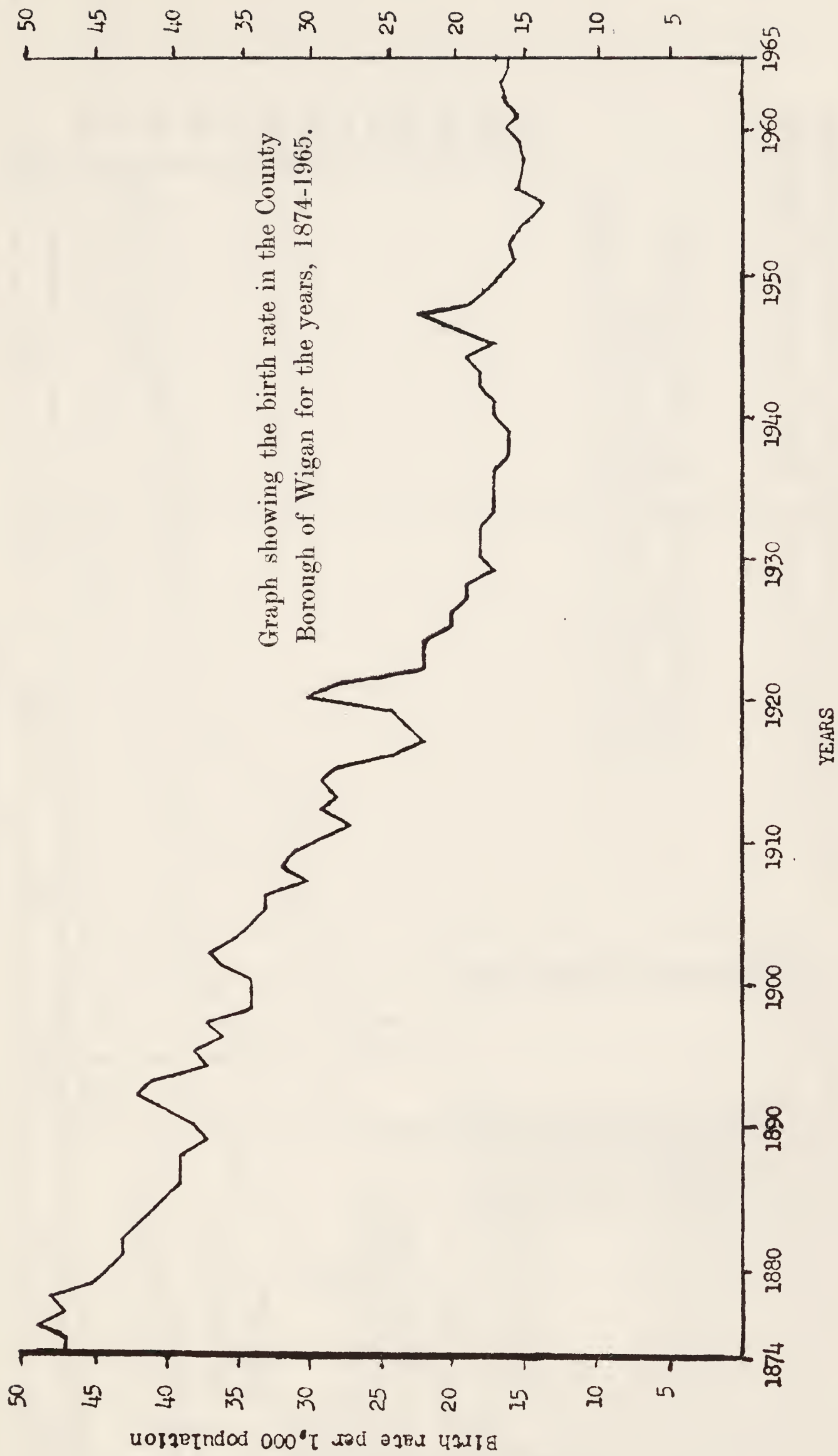
1935—1944	....	....	46.4
1945—1954	....	....	34.64
1955—1964	....	....	27.45

INFANTILE AND MATERNAL MORTALITY—*continued*

Again prematurity and congenital malformations figured prominently in the causes of infant death. None of the deaths due to prematurity could have been prevented in the present state of knowledge.

Maternal Mortality

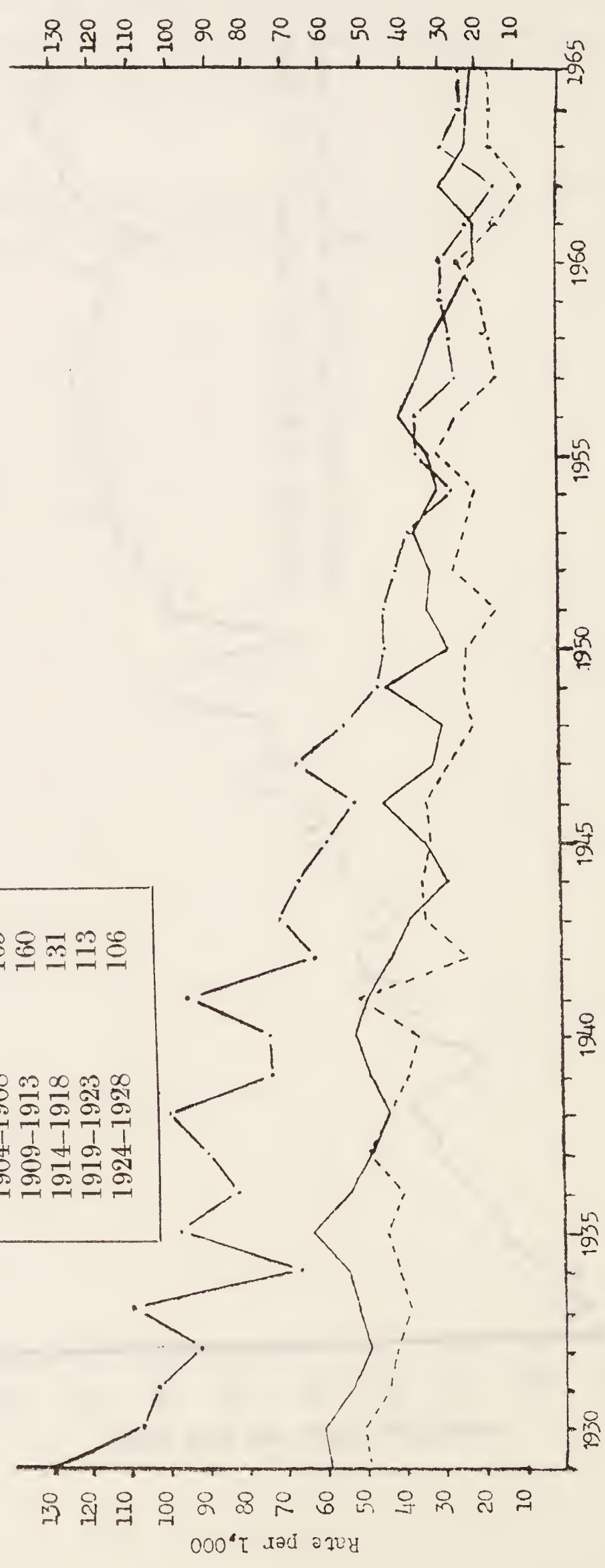
There was one maternal death during the year. The cause of death as stated on the death certificate was acute yellow atrophy of liver.



GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES
in the County Borough of Wigan for the years 1929—1965

Infant Mortality Rate	
5-year periods, 1874-1928	
1874-1878	200
1879-1883	177
1884-1888	171
1889-1893	184
1894-1898	175
1899-1903	184
1904-1908	165
1909-1913	160
1914-1918	131
1919-1923	113
1924-1928	106

- Infant Mortality Rate (per 1,000 live births).
- Neo-Natal Rate (per 1,000 live births).
- Still Birth Rate (per 1,000 live and still births).



Number of Deaths from Stated Causes at Various Periods

Under 1 Year of Age

CAUSE OF DEATH	Class No.	Under 1 day	DAYS							MONTHS							Total under 1 yr.						
			1	2	3	4	5	6	7	14-20	21-28	1	2	3	4	5		6	7	8	9	10	11
Adrenal failure due to adrenal haemorrhage due to fulminant septicaemia	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchopneumonia	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
” with Diarrhoea and Vomiting		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
” Mongol Child		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Bronchiolitis	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Major Encephalocoele		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningo encephalocoele		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Myelomeningocele with Hydrocephalus		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Haemorrhage into cerebellar cyst and hydrocephalus with Congenital Heart Disease		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Osteopetrosis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory Syndrome of Newborn		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity	32	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
” with Pulmonary atelectasis		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
” Accidental Haemorrhage and Essential Hypertension		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cerebral Haemorrhage		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Gastro Enteritis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Influenzal Meningitis		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pulmonary Atelectasis		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Anoxia with Congenital Heart Lesion		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphyxia, unexpanded lungs with premature labour. Induced because of gross hydramnios		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphyxia with Atelectasis and Inhalation of meconium. Foetal Distress in labour. Easy forceps delivery		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pneumonia and Emphysema with Tracheo-oesophageal fistula. Purulent otitis media		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Found to have died of drowning, in circumstances of which there is insufficient evidence	34	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphyxia while asleep in her cot—Accidental		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
		12	3	2	—	1	—	—	—	—	3	—	2	—	1	2	1	—	1	1	—	—	31

MORBIDITY**Wigan Area**

The figures given below, compiled by the local office of the Ministry of National Insurance, indicate the number of persons applying for sickness benefit (first certificate only) week by week during the year 1965.

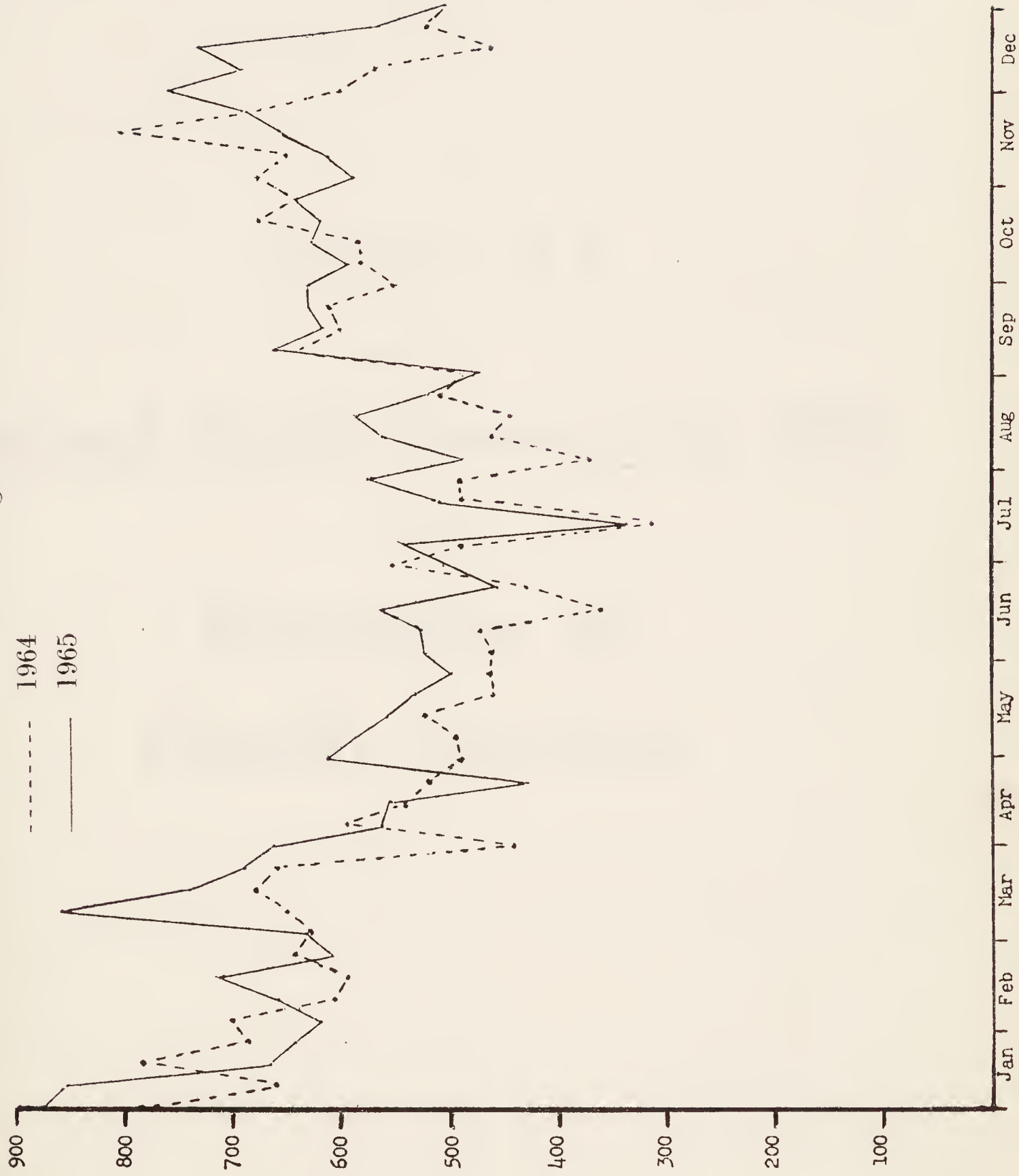
Jan.	5th	....	876	July	6th	....	546
,,	12th	....	854	,,	13th	....	318
,,	19th	....	668	,,	20th	....	512
,,	26th	....	644	,,	27th	....	580
Feb.	2nd	....	622	Aug.	3rd	....	492
,,	9th	....	662	,,	10th	....	567
,,	16th	....	714	,,	17th	....	592
,,	23rd	....	610	,,	24th	....	527
Mar.	2nd	....	637	,,	31st	....	479
,,	9th	....	861	Sept.	7th	....	668
,,	16th	....	741	,,	14th	....	623
,,	23rd	....	693	,,	21st	....	635
,,	30th	....	666	,,	28th	....	633
April	6th	....	564	Oct.	5th	....	599
,,	13th	....	559	,,	12th	....	631
,,	20th	....	432	,,	19th	....	626
,,	27th	....	617	,,	26th	....	648
May	4th	....	590	Nov.	2nd	....	592
,,	11th	....	560	,,	9th	....	619
,,	18th	....	534	,,	16th	....	658
,,	25th	....	502	,,	23rd	....	692
June	1st	....	526	,,	30th	....	763
,,	8th	....	530	Dec.	7th	....	698
,,	15th	....	568	,,	14th	....	738
,,	22nd	....	460	,,	21st	....	571
,,	29th	....	510	,,	28th	....	507

The average weekly number of persons applying for sickness benefit increased from 568 in 1964 to 610 in 1965.

INCIDENCE OF SICKNESS—WORKING POPULATION

Weekly number of new claims to sickness benefit in the

Wigan Area.



Section III

National Health Service Act, 1946

**Provision of
Health Services**

MATERNAL AND CHILD HEALTH

The undermentioned Centres are open on the days and at the times stated:—

Centre	Days Open
WIGAN CENTRAL CLINIC, Health Centre, Millgate.	Infant and Young Children's Clinic: Wednesday afternoons 1-30 to 4-0 p.m. Toddler Clinic: Tuesday mornings, 9-45 to 10-30 a.m. Ante-Natal Clinic: Tuesdays, 10-0 a.m. and 2-0 p.m. A Consultant attends on one Thursday of each month. Mothercraft Class: Tuesday afternoons 1-30 p.m. Post-Natal Clinic: On one Thursday each month at 2-0 p.m. Dental Clinic for expectant and nursing mothers and young children: Tuesday afternoons. Class for expectant mothers: Friday afternoons at 2-0 p.m.
PEMBERTON CLINIC: 15 Billinge Road	Infant and Young Children's Clinic: Monday afternoons, 2-0 to 4-0 p.m. Ante-Natal Clinic: Thursday afternoons at 2-0 p.m. A Consultant Obstetrician attends on one Thursday of each month.
SCHOLES CLINIC: St. Catharine's Mission, Platt Lane.	Infant and Young Children's Clinic: Friday afternoons, 2-0 to 4-0 p.m.
WORSLEY MESNES CLINIC: Methodist Church, Poolstock Lane.	Infant and Young Children's Clinic: Wednesday mornings, 10-0 a.m. to 12 noon.
SPRINGFIELD CLINIC: St. Andrews' Church House, Woodhouse Lane.	Infant and Young Children's Clinic: Tuesday afternoons, 2-0 to 4-0 p.m.
LAMBERHEAD GREEN CLINIC: Methodist Church, Fleet Street.	Infant and Young Children's Clinic: Thursday mornings, 9-30 to 11-30 a.m.
GOOSE GREEN CLINIC: Methodist Church, Northumberland Street.	Infant and Young Children's Clinic: Thursday afternoons, 2-0 to 4-0 p.m.
MARSH GREEN CLINIC: Marsh Green.	Infant and Young Children's Clinic: Wednesday afternoons, 1-30 to 3-30 p.m. Ante-Natal Clinic: Monday afternoons at 2-0 p.m.
ORTHOPAEDIC CLINIC: Health Centre, Millgate.	Open each Monday, Wednesday, and Thursday. Surgeon attends once monthly. Cases from Ince, Hindley, Standish, Aspull, Haigh, Shevington and Platt Bridge also attend.

CARE OF EXPECTANT AND NURSING MOTHERS

Ante-Natal Care

General practitioners are now booked to undertake the ante-natal care of expectant mothers in almost 95% of home confinements. At the clinics there is an increasing trend towards the more educational aspect of maternal welfare, including the instruction of mothers in matters relating to the health of themselves and their families and giving them other information designed to develop the best psychological approach to the actual delivery.

Ante-Natal Clinics

Four ante-natal clinic sessions are held each week. The Deputy Medical Officer of Health is present at two sessions held weekly at the Central Clinic, Millgate, and one at Billinge Road, Pemberton. A Consultant Obstetrician attends at each centre one session per month. The non-medical supervisor of midwives conducts a weekly session at Marsh Green Clinic, Marsh Green.

Chest X-ray of expectant mothers and the taking of blood samples for testing for the Rhesus factor, the Wasserman reaction and the haemoglobin content are all part of the ante-natal care undertaken at clinics. Iron therapy in the form of Ferrous Gluconate tablets is available and a supply of welfare orange juice, vitamins and welfare foods may also be obtained. Maternity outfits are provided for domestic confinements and are under the charge of the non-medical supervisor of midwives. The midwife engaged is responsible for ensuring that each of the patients receives an outfit.

	WIGAN CENTRE		PEMBERTON		MARSH GREEN
	Weekly Clinic	Consultant Clinic	Weekly Clinic	Consultant Clinic	Weekly Clinic
Number of Primary Cases attending Clinic during year	569	9	144	44	49
Total number of attendances	2,416	280	872	281	363

Post-Natal Clinics

For post-natal care one session per month is held and this is attended by a Consultant Obstetrician. Domiciliary cases where no doctor was engaged and cases delivered in hospital may attend for examination. 226 new cases were examined during the year and there were 92 return cases, a total of 318 attendances.

Health Education for Expectant Mothers

A mothercraft training and exercise class for expectant primiparae is held at the Central Clinic every Friday afternoon. There are 16 classes in each series. Expectant mothers join in group discussions on mothercraft, diet, pregnancy, labour and general care of the infant. Relaxation exercises are taught and reassurance given to allay any fears which may exist. The classes are conducted by Health Visitors in a fairly informal manner. This makes for truly friendly, relaxed visits by the young mother-to-be. During 1965 there were 50 classes at which 578 attendances were made by expectant mothers. Arrangements were also made during the year for the showing of the film "To Janet a Son" which deals with all aspects of pregnancy and childbirth. This was greatly appreciated by those who were able to attend.

Care of Unmarried Mothers

There is one residential home in Wigan for expectant and nursing unmarried mothers. It is under the control of the Liverpool Diocesan Church Council but is not restricted to Church of England members and the local authority pay a substantial amount yearly towards its maintenance. During 1965, the home was registered as a nursing home under the Public Health Act, 1936, and the Nursing Homes Act, 1963. On registration the provision of additional wash-basins and lavatories was recommended. The Authority made a special grant towards the cost of this and other structural alterations. The local health authority clinics are available to those resident in the Home and advantage is taken of these facilities. Full ante-natal care is given to residents from the time of admission. The Home is visited regularly by a Health Visitor and this ensures liaison with staff.

CARE OF CHILDREN UNDER SCHOOL AGE

Notification of Congenital Malformations

Local arrangements have been made for congenital malformations apparent at birth to be notified to the Medical Officer of Health by the doctor or midwife notifying the birth. All concerned have co-operated fully in the scheme and there is no reason to doubt that notifications of all defects are being received. Notification of 32 congenital malformations were received in respect of 23 Wigan children born in 1965, a wide range of conditions being notified. Returns are made to the Registrar General in accordance with Ministry of Health Circular 13/63.

Child Welfare Centres

The local authority has eight child welfare centres, at which one clinic is held each week. Each is in the charge of a Health Visitor and an Assistant Medical Officer attends the clinic sessions. During the year the numbers of persons attending were as follows:—

CLINIC	Attendances of Children			Total	Primary Cases	Cases examined by medical attendant	Mothers Attend'g
	under 1 year	over 1 and under 2	2 and under 5				
Central	2370	522	570	3462	409	1320	3022
Scholes	1659	398	528	2585	215	970	2120
Pemberton ...	1375	274	297	1946	193	735	1703
Worsley Mesnes ...	546	131	217	894	73	169	716
Springfield ...	2036	353	559	2948	233	820	2475
Fleet Street ...	1034	270	355	1659	108	524	1407
Goose Green ...	976	186	234	1396	85	130	1186
Marsh Green ...	1307	379	529	2215	181	768	1801
	11303	2513	3289	17105	1497	5436	14430

There was a further increase in the total clinic attendances. Compared with the previous year four clinics had increased attendances whilst there were fewer attendances at the other clinics. In general these changes reflect the extensive movement of population at present taking place within the Borough. However, perhaps the most significant increase was at Marsh Green Clinic. 1965 was the first year of operation of this modern, purpose-built clinic and the total attendances of children increased to 2,215 compared with 1,906 in 1964. Attendances of mothers at the clinic increased from 1,460 to 1,801. There was little significant change in the population of the area served by the clinic and the conclusion must be that the increased attendances reflect the attraction of a new clinic with modern facilities.

No Consultant attends at the child welfare centres but cases are referred from them to the Paediatrician at the Royal Albert Edward Infirmary. A Health Visitor attends the Paediatric Clinic at the Infirmary weekly as liaison officer and adviser on the social aspects of the cases. Cases are also referred to the Infirmary for orthoptic treatment.

An Orthopaedic Surgeon attends the Central Clinic in Millgate one session each month. Breathing exercises and other treatment are given on Monday, Wednesday and Thursday each week by the Physiotherapist.

A Toddler Clinic is held each Tuesday morning at the Central Clinic. An Assistant Medical Officer attends the session to which selected children are referred by Health Visitors.

Child Guidance

Dr. J. F. Dunn, Consultant Child Psychiatrist, resigned with effect from August, 1965. Since his departure, this important aspect of children's care has inevitably suffered. School and pre-school children from the Wigan Borough are seen by the medical staff of the department in urgent cases but it is quite impossible to give a comprehensive service without the necessary consultant advice.

Distribution of Welfare Foods

Ministry of Health Welfare Foods are distributed from the Welfare Foods shop which is situated in the Municipal Buildings and from the various Maternity and Child Welfare clinics in the Borough. In addition proprietary branded milk foods and vitamin supplements are also sold. Sales of National Dried Milk continued to decrease but these were more than offset by the increase in sales of proprietary milks.

Ministry of Health Welfare Foods:

National Dried Milk	....	....	....	....	18,932 tins
Orange Juice	....	....	....	....	22,906 bottles
Cod Liver Oil	....	....	....	....	2,260 bottles
Vitamin A and D tablets	....	....	....	....	2,311 packets

Proprietary brands of foods and vitamin supplements:

Proprietary milks	....	....	....	....	45,463 packs
Vitamin supplements	....	....	....	....	12,572 packs
Rose Hip Syrup	....	....	....	....	11,467 bottles
Cereals	....	....	....	....	7,496 packets
Malt Extract	....	....	....	....	1,133 packs

Dental Care and Treatment

I am indebted to the Principal School Dental Officer for the following summary of the dental work carried out during the year for the Maternity and Child Welfare Section:—

The arrangements for the dental examination and treatment of expectant mothers and children under school age, for the year under review, has been limited due to staff shortage and the reluctance of mothers-to-be to take advantage of the service.

One session each week, however, was allocated for this work and mothers attending the Ante-Natal Clinic were urged to attend for dental inspection. In some cases there was a reluctance to accept dental treatment but advice was given and in other instances there was a favourable response.

In addition, children of pre-school age were referred for advice and treatment, by the Assistant Medical Officers and Health Visitors.

Analysis of Priority Dental Care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	47	25	15	13
Children under five	16	15	15	15

Forms of Dental Treatment provided:—

	Scalings and Gum Treatmt	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio graphs
							Full Up. or Lr.	Part Up. or Lr.	
Expectant and Nursing Mothers	9	9	—	—	4	—	—	—	—
Children under Five... ..	—	3	5	—	11	—	—	—	—

Day Nursery

There is accommodation for 67 children and the nursery is open Monday to Friday, 7-0 a.m. to 7-0 p.m. It is provided primarily for children of mothers who go out to work and also for children whose parents are temporarily unable to care for them.

An Assistant Medical Officer attends the nursery at regular intervals to supervise the health of the children.

Attendances fluctuate considerably and are particularly affected by outbreaks of infectious diseases. Another factor which has had some bearing on the number of children attending has been the unemployment position in the area. In 1965 the average daily attendance was 57 compared with 58 in 1964 and 53 in 1963.

Nurseries and Child Minder's Regulation Act, 1948

There was at the end of 1965 one registration for a total of 7 children.

Regular inspections are carried out by the departmental staff to ensure that the provisions of the Act are complied with.

FAMILY PLANNING

The Council makes available accommodation in the Central Clinic, Millgate, and Billinge Road Clinic for the use of the Wigan Family Planning Clinic. A regular weekly evening session is held at the Central Clinic, in addition to a special session on the evening of the first Tuesday in each month. Sessions at Billinge Road Clinic are held weekly on Tuesday afternoons. Attendances continue to rise and reached a total of 4,377 in 1965 compared with 3,995 in 1964. There were 622 new patients during the year.

For lay staff the clinic relies on voluntary workers from the Association. In addition specially trained women doctors and nurses are employed at each session. There is no doubt that the service contributes greatly to the sum of social medicine undertaken by the Authority. The professional and voluntary workers deserve the highest praise for their efforts.

DOMICILIARY MIDWIFERY

The staff employed at the end of the year was one non-medical Supervisor, 12 whole-time municipal midwives and two part-time midwives.

The total number of cases attended by them during the year was 499 compared with 472 in 1964. This represents 38% of the total Wigan births during the year. The general practitioner was engaged in over 94% of the cases but although notified at the commencement of labour was present at the delivery of only 3%. Irrespective of whether or not the doctor is engaged the midwife must make regular ante-natal visits to her patients and 6,410 such visits were made in 1965. After delivery the midwife attends her patient for a minimum of ten days and for a longer period if circumstances require it.

Early Discharge

The system of 48-hour discharge for selected cases was continued during the year. There is full prior agreement between the hospital, general practitioners and the midwifery service but in addition to these cases, many other mothers are discharged from hospital before the tenth day because of the shortage of hospital beds. These latter cases add considerably to the work of the midwives and, having to be accepted at very short notice indeed, do cause administrative problems. There were 800 early discharges during 1965, some of whom left hospital as early as one day after delivery. 126 of these cases were planned 48-hour discharges.

Hospital Bookings

Booking for confinement in hospital is restricted to certain categories of patients, *i.e.*, where there is some obstetrical abnormality, for primiparae who seek admission, for cases where there is some associated medical condition and for those whose home conditions are unsuitable. The supervisor of midwives visits the homes of all who apply on social grounds and there is good co-operation in this direction between the hospital, the general practitioners and the clinics. During the year 22 such cases were investigated, 14 of which were subsequently admitted to hospital, the remaining 8 having their babies at home.

Night Rota System

A night rota system for midwives continues to operate. Three midwives are on duty each night and attend all calls within the Borough. The team of three midwives remains on night duty for a whole week and can then expect no further night calls for three weeks. Calls during the night are made to the Ambulance Station and the Control Assistant contacts the appropriate midwife. The arrangements have worked very satisfactorily and they do enable midwives to enjoy a more normal home life for three weeks in four.

Ante-Natal Clinics

The midwives are on duty by rota at the ante-natal clinics. In addition to providing the opportunity to have their clinical findings confirmed, the midwives also meet mothers who they may possibly deliver because of the night rota system.

At the ante-natal clinics samples of blood were taken, 124 for Wasserman reaction, 226 for the Rhesus factor and 1,415 for haemoglobin estimation. 172 expectant mothers were referred to the Chest Clinic for chest X-ray, 149 attended and there were 23 defaulters.

Midwives working in domiciliary practice are now attending ante-natal clinics run by general practitioners in their own surgeries. Owing to the pressure of work it has not been possible to extend this service to more than four doctors. This scheme has been received with enthusiasm by the general practitioners and midwives and it is hoped when staffing conditions permit to extend it further.

Medical Aid

By the rules of the Central Midwives Board, midwives are required to send for medical aid under conditions and for reasons which are specified. Medical aid was summoned in 195 cases, 27 of which were for conditions arising during the ante-natal period. In 145 cases medical advice was sought for the mother alone, in 35 cases for the child alone, and 15 cases for both mother and child. The general practitioner had been engaged in 165 cases.

Analgesia

Both Gas and Air Analgesia and Trilene Analgesia are provided by the Department and all the municipal midwives are qualified to administer them. The outfits are available at the Ambulance Station and they are transported to and from the homes of the patients by the midwife if she has a car, or by the Ambulance Service. During the year, four "Entonox" machines were purchased. These are machines approved by the Central Midwives Board for use by unsupervised midwives and provide for the administration of a 50/50 mixture of nitrous oxide and oxygen.

Details of analgesics administered by midwives during the year are shown below:

	No. of cases
Gas and Air only	41
Trilene only	60
Pethilorfan only	63
Gas and Air and Pethilorfan	154
Trilene and Pethilorfan	97
Nitrous Oxide and Oxygen only	8
Nitrous Oxide and Oxygen and Pethilorfan	21

Emergency Obstetrical Unit

By arrangement with the Wigan and Leigh Hospital Management Committee a mobile Obstetrical Unit based on Billinge Hospital is available for cases of obstetrical emergency occurring within the Borough. The unit, composed of an obstetrician and an experienced hospital nurse, along with equipment for blood transfusion, is transported to the home by the Ambulance Service. Nine calls were made upon this service during the year.

Care of Premature Infants

The number of premature infants (*i.e.*, weighing $5\frac{1}{2}$ lbs. or less at birth) notified during the year was 115; of these 8 were born at home and 107 in hospital.

The early care of premature infants born at home is undertaken by the Supervisor and the midwife engaged for the confinement. On receiving information of the birth the Supervisor takes over responsibility for the case and the midwife works under her direction. Visits are paid daily or more often if necessary, special attention being given to the feeding and handling of the baby. Special equipment in the form of draught-proof cots with bedding and hot water bottles, an oxygen resuscitator and baby clothing are provided. Daily record charts are made out for each infant and these are made available to the doctor attending the cases. The intensive visiting is continued during the first month or until such time as the baby has attained normal standards. By these means the mother is given every opportunity of learning how to handle and tend the infant.

During the year 14 premature babies received this concentrated attention. The results are very good and fully justify the time devoted to them. All premature babies are entered upon the Department's "At Risk" register as a matter of routine.

There is a premature baby unit at Billinge Hospital under the control of the Consultant Paediatrician. Close liaison is maintained with the Department, especially when babies are about to be discharged to home and specialised nursing is continued where necessary.

Retrolental Fibroplasia

No case was reported during 1965.

Neo-Natal Cold Injury

Each midwife is supplied with a thermometer registering to 70°F. to facilitate the diagnosis of this condition.

Two cases were reported during 1965. One baby born at home was transferred to hospital at two days. The other baby was discharged from hospital at four days and had to be re-admitted one day later. In each case there were symptoms of neo-natal cold injury but happily both babies recovered.

Ophthalmia Neonatorum

One case was notified during the year but was not confirmed as being of gonococcal origin.

Transport of Midwives

Car allowances are made to midwives who use their own motor cars whilst on approved duties. Ten midwives travelled an aggregate of 19,179 miles in the year.

Midwives without motor transport use the Corporation's bus service or the ambulance service.

Maternity Homes

The Christopher Home, administered by the Wigan and Leigh Hospital Management Committee, is the only Maternity Home within the Borough. Six beds are available for maternity cases and during the year there were 40 Wigan births in the Home.

Training of Midwives

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course. Four students received training during the year.

Maternity Liaison Committee

The Maternity Liaison Committee continues to meet periodically and its proceedings greatly help to co-ordinate the work of the maternity services.

HEALTH VISITING

Summary of visits during the year 1965:—

No. of primary visits to births	....	....	....	....	....	1,369
„ visits to infants under one year	....	....	....	....	....	5,589
„ „ infants over one year and under two years	....	....	....	....	....	3,097
„ „ infants over two and under five years....	....	....	....	....	....	6,216
„ „ expectant mothers	....	....	....	....	....	157
„ „ cases of infectious disease	....	....	....	....	....	27
„ „ <i>re</i> deaths under one year	....	....	....	....	....	26
„ „ still births	....	....	....	....	....	22
„ „ to aged persons	....	....	....	....	....	595

The establishment of Health Visitors is 11 but only eight full-time and one part-time were in post on the 31st December, 1965.

Problems of recruitment are becoming more and more acute. The Authority operates a generous scheme whereby nurses are sponsored for training as health visitors, but only one student was undergoing training at the end of the year.

Collaboration with General Practitioners

Staff shortages have prevented any extension of the scheme introduced in 1962 whereby health visitors collaborate with general practitioners by working with them in their areas. The scheme continues with four health visitors each of whom works under the direction of a doctor and visits cases selected by him. This is proving an extremely valuable link between the general practitioners and the Department.

“At Risk” Register

In order to use the depleted staff to the best advantage a “Risk” register has been established and more selective visiting is now undertaken. The register contains details of infants who are known to have handicapping conditions and those known to be specially “at risk” by reason of unfavourable family history, adverse environment before, during or after birth, or who show suspicious symptoms in the first months or years of life. The health visitor concentrates more on these children than on the normal child whose background does not appear to be unfavourable. At the end of the year the register contained the names of 116 children.

Phenylketonuria

Routine screening for phenylketonuria is carried out by health visitors in child welfare clinics and in the home. Children born in the Borough are given a simple test to detect phenylketonuria which is known to be one of the causes of brain damage. 1,335 children were tested during the year.

Ascertainment of Deafness in Pre-School Children

The screening of vulnerable children for deafness is carried out by specially-trained Health Visitors. Children failing to pass the screening tests are referred to the Medical Officers, who have special experience in the field of audiometry.

Field Work Instruction

One Health Visitor attended a course for Field Work Instructors at Bangor. She later undertook responsibility for the supervision of field work of two student health visitors on the Bolton Health Visitors Course.

Mothercraft

The importance of mothercraft is now being increasingly recognised and its teaching is one of the duties of the health visitor. During the year, besides the talks at clinics and in the homes, courses of lectures were given in seven schools. 132 pupils were entered for the examination in "Child Care" for schools, arranged by the National Association for Maternal and Child Welfare. 122 were successful.

A further special course in preliminary child care was given at school so that pupils could qualify for the Duke of Edinburgh Award.

Nurse Training

Public Health lectures and practical demonstrations were provided for student nurses undergoing training at the Royal Albert Edward Infirmary, Wigan.

Consultant Clinic

One health visitor attends weekly at the Paediatric Clinic at Wigan Infirmary and brings to the notice of the Consultant the social background and environment of the children from the borough who are attending. She arranges to visit the home when necessary and is available to advise the parents as to the best way of carrying out the treatment indicated by the Paediatrician.

Refresher Courses

One Health Visitor attended a Refresher Course at Oxford from 17th to 24th July, 1965. Two others attended the City of Manchester two-day annual refresher course which was held in March.

Transport Arrangements

Four Health Visitors use their own cars on official duties for which they receive Casual User Car Allowances. The other staff are supplied with tokens for use on Wigan Corporation buses.

General

The work of these all-purpose social visitors is not restricted to children. It continues to widen in scope and will inevitably grow with the continued increase in the aged population. Unfortunately, because of staff shortages, routine visits to old people continue to be restricted. Emphasis is now being placed on health education, the problems of the aged especially those living at home; the prevention of break-up of families and the problems of pre-school handicapped children.

THE CHILDREN ACT, 1948

A close liaison exists between the Health Office and the staff of the Children's Department. Assistant Medical Officers of Health are available for consultation and medical examination of all children in the care of the authority.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

PREVENTION OF BREAK-UP OF FAMILIES

Co-ordinating Officer

Following a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education, regarding Children Neglected or Ill-treated in their Own Homes, the Medical Officer of Health was designated as co-ordinating officer to secure full co-operation among all the local services, statutory and voluntary, in the borough.

Co-ordinating Committees

It is the duty of the co-ordinating officer to convene meetings of representatives of the various interested bodies to consider significant cases of child neglect and all cases of ill-treatment of children. This Co-ordinating Committee has continued to meet at regular intervals.

The Council also appointed the Chairmen and Vice-Chairmen of the Children's, Education, Estates and Health Committees to determine questions of a special nature on the subject of the circular at elected representative level.

On the 1st October, 1963, Section 1 of the Children and Young Persons Act, 1963, was brought into operation and this extends the powers and duties of Local Authorities to promote the welfare of children. This section is not intended to upset the arrangements already in existence for the performance and co-ordination of preventive work. It does, however, provide statutory authority to perform welfare work and meet any consequent expenditure relating to families where children are likely to need care.

These new powers are of great assistance to the Co-ordinating Committee, particularly in their preventive case work.

The Committee has representatives of the Health, Education, Children's and Housing Departments of the Local Authority, the National Assistance Board, Ministry of Labour, Probation Service, N.S.P.C.C., the Wigan and District Moral Welfare Association, and the W.V.S. It meets at bi-monthly intervals to co-ordinate policy and to minimise multiple visiting by social workers which can prove confusing to the family concerned. Liaison is maintained amongst the Committee members to effect continued help to the families between meetings. A number of voluntary agencies who are not represented at the meetings give timely help in the provision of goods, services and monetary grants and this assistance is greatly appreciated.

No. of cases under review, 1st January, 1965	....	....	11
No. of new cases during the year	....	....	12
No. ceased to be considered	....	....	7
No. of cases under review 31st December, 1965	....	....	16

HOME NURSING

Administrative Arrangements

The service functions on a non-resident basis.

The Nurses' Home, 9 New Market Street, is staffed on weekdays from 8-30 a.m. to 7-30 p.m. and between these hours, messages are accepted at the Home. At all other times requests for a Home Nurse may be left at the Ambulance Station where a member of the control staff is always on duty.

The Home Nurse working in the Marsh Green area and one of the Male Nurses use the new clinic at Marsh Green as their base. Certain patients have been encouraged to attend at the clinic for treatment. This has undoubtedly saved professional time.

Each night a duty nurse leaves the Nurses' Home at 7-30 p.m. to carry out a limited number of evening calls and before going off duty she telephones the Ambulance Station to ascertain if any emergency calls have been received. Full co-operation from general practitioners and hospitals has ensured that the arrangements have worked very satisfactorily.

Nurses have continued to visit patients as in previous years and when necessary two or even three visits daily have been made in extreme cases. Total visits paid by nurses during the year was 54,265. The total number of injections given was lower than in the previous year. There were significant decreases in injections to tuberculosis, diabetic and asthmatic patients, whilst injections of narcotics and sedatives fell by almost a third. These were offset to some extent by injections of parentovite and benerva for patients suffering from mental illness and debility. 563 such injections were given during the year.

Incontinence Pads

Incontinence pads for selected patients continue to be provided through the Home Nursing Service. In addition incontinence pads can be obtained for other patients at a special price through the Health Department. The use of the pads is of great benefit to patients and nurse concerned.

Disposable Equipment

For a number of years disposable syringes have been used by Home Nurses. A further development in the use of disposable equipment was the introduction of disposable gloves for use by nurses when giving penicillin and streptomycin injections.

Transport

During the year the four Austin Seven Home Nursing cars covered 27,765 miles. Essential User car allowances were granted to five Home Nurses who travelled 9,991 miles on official journeys. In addition the Superintendent received an allowance for using her vehicle visiting nurses on the district.

Marie Curie Memorial Foundation

Since February, 1965, the Authority has been responsible for the administration of the Marie Curie "Area Welfare Grant Scheme" and the "Day and Night Nursing Service" in the Borough. These services are financed by the Marie Curie Memorial Foundation and are for the benefit of patients suffering from cancer. The Superintendent of the District Nursing Service personally supervises the detailed arrangements for help to patients. No difficulties have been experienced and the services have resulted in considerable relief being given to both patients and their relatives. A total of 14 cases were helped in 1965.

Staff

At the end of the year the Superintendent and 12 whole-time nurses (two of them male nurses) were employed. There were two vacancies on the establishment. A State Enrolled Nurse was employed throughout the year. She worked under a degree of supervision from an experienced State Registered Nurse with District Training and was able to undertake many time-consuming visits. Difficulty in recruitment of State Registered Nurses towards the end of the year and the success of the experiment with the State Enrolled Nurse influenced a change in the establishment. As a temporary measure it was decided to employ another State Enrolled Nurse instead of a State Registered Nurse.

Training

Two nurses completed their district training in January and were awarded certificates by the Ministry of Health and the Queen's Institute of District Nursing. One nurse commenced district training in September, 1965. Arrangements were made for two other nurses to attend refresher courses arranged by the Queen's Institute of District Nursing, one in Exeter, and one in Leeds.

Short courses of nursing for staff at each of the Authority's Homes for Aged Persons in Wigan were conducted by the Superintendent of the Home Nursing Service. These talks were well received and proved to be of mutual benefit to both staff and residents.

The following is a record of work done during 1965:—

No. of cases on the books 1st January, 1965	.....	.....	.....	481
No. of new cases during 1965	.....	.....	.....	1,230
No. of visits paid by the nurses	.....	.....	.....	54,265
No of cases ceased to be visited:—				
Now convalescent	.....	.....	.....	667
Removed to hospital.....	.....	.....	.....	267
Deaths.....	.....	.....	.....	199
Other Reasons	.....	.....	.....	110
				1,243

No. of cases remaining on the books on the 31st December, 1965 468
 A classification of cases attended during 1965 will be found on pages 42-45.

Classification of Cases

Table 1—All Ages

Tuberculosis of Respiratory System	....	....	....	....	....	7
Tuberculosis, other forms	....	....	....	....	....	3
Malignant Neoplasms	....	....	....	....	....	92
Benign and unspecified neoplasms	....	....	....	....	....	27
Diabetes mellitus	....	....	....	....	....	19
Vascular lesions affecting central nervous system	....	....	....	....	....	139
Cataract	....	....	....	....	....	1
Acute otitis media	....	....	....	....	....	26
Arteriosclerotic and degenerative heart disease	....	....	....	....	....	167
Other diseases of circulatory system	....	....	....	....	....	317
Tonsillitis	....	....	....	....	....	18
Pneumonia	....	....	....	....	....	28
Bronchitis	....	....	....	....	....	136
All other respiratory diseases	....	....	....	....	....	23
Appendicitis	....	....	....	....	....	24
Hernia of Abdominal Cavity	....	....	....	....	....	7
Laparotomy	....	....	....	....	....	9
Gastrectomy	....	....	....	....	....	6
Cholecystectomy	....	....	....	....	....	13
Diseases of gall bladder and biliary ducts	....	....	....	....	....	8
Other diseases of digestive system	....	....	....	....	....	2
Diseases of genital organs	....	....	....	....	....	18
Prostatectomy	....	....	....	....	....	8
Supra-pubic drainage...	....	....	....	....	....	2
Diseases of uterus	...	....	....	....	....	9

Table II—Aged 65 Years or Over

				1964			1965		
				Male	Female	Total	Male	Female	Total
Tuberculosis, respiratory	....	....	....	1	—	1	3	1	4
Tuberculosis, other forms	....	....	....	—	1	1	—	—	—
Malignant neoplasms	....	....	....	22	24	46	24	26	50
Benign and unspecified neoplasms	....	....	....	—	1	1	2	3	5
Diabetes Mellitus	....	....	....	4	12	16	2	13	15
Vascular lesions affecting central nervous system	....	....	....	34	40	74	30	29	59
Arteriosclerotic and degenerative heart disease	....	....	....	78	85	163	42	41	83
Other diseases of circulatory system	....	....	....	32	153	185	38	132	170
Diseases of Digestive system	....	....	....	—	2	2	—	—	—
Pneumonia	....	....	....	7	11	18	3	8	11
Bronchitis	....	....	....	41	33	74	34	117	151
Other diseases of respiratory system	....	....	....	3	5	8	—	4	4
Rheumatism	....	....	....	—	1	1	—	3	3
Arthritis	....	....	....	3	26	29	2	22	24
Varicose ulcers	....	....	....	4	13	17	5	15	20
General rashes on body	....	....	....	1	4	5	1	1	2
Cellulitis	....	....	....	—	2	2	1	3	4
Abscesses, Boils, Carbuncles	....	....	....	—	1	1	2	2	4
Bedsores	....	....	....	2	5	7	1	8	9
Senility, Constipation, Debility, Neurasthenia	....	....	....	61	102	163	49	78	127
Injuries due to falls	....	....	....	2	2	4	1	1	2
Fractures	....	....	....	5	10	15	4	9	13
Burns	....	....	....	—	3	3	3	2	5
Scalds	....	....	....	1	1	2	—	1	1
Supra-pubic drainage	....	....	....	1	—	1	2	—	2
Prostatectomy	....	....	....	3	—	3	5	—	5
Gastrectomy	....	....	....	—	1	1	1	2	3
Hysterectomy	....	....	....	—	1	1	—	—	—
Cholecystectomy	....	....	....	1	2	3	1	6	7
Diseases of the uterus	....	....	....	—	47	47	—	43	43
Preparation for X-ray	....	....	....	13	20	33	1	3	4
Cataract	....	....	....	—	2	2	1	—	1
Herniotomy	....	....	....	—	1	1	1	3	4
Laparotomy	....	....	....	3	1	4	1	2	3
Amputation	....	....	....	—	—	—	—	1	1

Table III (a)—Children Under 5 years

Abscesses	....	....	....	....	....	....	....	....	5
Anaemia	....	....	....	....	....	....	....	....	3
Bronchitis	....	....	....	....	....	....	....	....	6
Burns	....	....	....	....	....	....	....	....	7
Constipation and Colic	....	....	....	....	....	....	....	....	—
Otitis Media	....	....	....	....	....	....	....	....	7
Thrush	....	....	....	....	....	....	....	....	3
Tonsillitis	....	....	....	....	....	....	....	....	2
Others	....	....	....	....	....	....	....	....	9

Table III (b)—Schoolchildren

Anaemia	....	....	....	....	....	....	....	....	1
Appendicitis	....	....	....	....	....	....	....	....	5
Burns	....	....	....	....	....	....	....	....	2
Bronchitis	....	....	....	....	....	....	....	....	2
Constipation	....	....	....	....	....	....	....	....	2
Diabetes	....	....	....	....	....	....	....	....	1
Otitis Media	....	....	....	....	....	....	....	....	9
Tonsillitis	....	....	....	....	....	....	....	....	4
Septic knee, hands	....	....	....	....	....	....	....	....	1
Others	....	....	....	....	....	....	....	....	7

Table IV—Injection Therapy

Asthma	Adrenalin, Silbephyeline	....	....	....	231
Anaemia	Anahaemin, Imferon, Examin, Hepastab,	}	Riboflavin, Campolon, Forte, Cytamin,	}	13,833
Neuritis	Neo-hepatex, Actha				
Rheumatism	Penicillin				
Bronchitis, Chest Infection	}	Penicillin	....	....	2,166
Pneumonia, Catarrh					
Diabetes	Insulin	....	....	....	4,943
Cardiac	Mersalyl, Mercardon, Thiomerin	....	....	....	3,628
Tuberculosis	Streptomycin and Dimycin	....	....	....	699
Narcotics and Sedatives	}	Morphia, Pethidine, Largactol, Omnipon, Scopolamine, Novocaine and other sedatives			1,473
Vaccines					
Anti-Tetanus Serum	....	....	....	....	40
Others	....	....	....	....	2
Nervous Debility	}	Parentrovite and Benerva	....	....	387
General Debility					
					563

27,965

VACCINATION AND IMMUNISATION

Wherever practicable the Schedule set out below is now followed in the Department for the protection of children against infectious diseases.

Age	Visit	Vaccine	Injec- tion	Oral	Interval
1-6 months	1	Diphtheria, pertussis, tetanus Poliomyelitis	1	1	4-6 weeks
	2	Diphtheria, pertussis, tetanus Poliomyelitis	2	2	4-6 weeks
	3	Diphtheria, pertussis, tetanus Poliomyelitis	3	3	
18-21 months	4	Diphtheria, pertussis, tetanus Booster	4		
Smallpox during first 2 years.					
School entry		Diphtheria, tetanus Booster	5		
8-12 years		Diphtheria, tetanus Booster	6		
		Smallpox re-vaccination			
Over 12 years		B.C.G.	7		

As an alternative, if so desired by parents, a course of three injections of diphtheria, pertussis, tetanus antigen is given at age 1—6 months followed by a primary course of three doses of oral poliomyelitis vaccine.

Smallpox Vaccination

The table below gives details of vaccinations of children carried out during 1965. There were 366 primary vaccinations of children under two years of age. Although this continues to show an increasing trend it still reflects no great credit on Wigan parents. The dangers of smallpox cannot be over-emphasised. The speed of modern travel coupled with the arrival of large numbers of immigrants and other travellers who have passed through areas where smallpox is endemic increases the need for protection by vaccination. The help of general practitioners has been sought in an endeavour to improve the position. In addition, smallpox vaccination is now offered at every infant welfare clinic session in the borough and members of the medical and nursing staff take every opportunity to encourage parents to have their children protected.

	Under 1 year	1 year	2-4 yrs. inclusive	5-15 yrs. inclusive	TOTAL
Primary	261	105	60	13	439
Re-vaccination	—	—	3	8	11
TOTALS	261	105	63	21	450

Poliomyelitis Vaccination

There is still a high percentage of protected persons in the Borough as a result of the remarkable acceptance of oral poliomyelitis vaccination in 1962. However a poliomyelitis epidemic in Blackburn during the year created a considerable demand for vaccination of adults and children. Special sessions were held at the Central Clinic, Millgate, Wigan. These were attended by Wigan residents and persons living in the adjacent County districts. Although 6,071 records of primary courses of oral vaccine given during 1965 are held in the

Health Department, the number of persons in the Borough receiving a full course was undoubtedly considerably in excess of this number. More than 1,200 doses of vaccine were supplied to General Practitioners while records of only 62 primary courses and 30 reinforcing doses were received from them. The remaining vaccine was perhaps used for persons over 16 years of age in respect of whom no payment for records is made.

	M. & C.W. and Special Clinics	School and School Clinic	Private Doctors	Total
POLIOMYELITIS—SALK VACCINE				
Children under 16 years of age:				
Completed Primary Courses	—	—	23	23
Reinforcing Injections	—	—	11	11
Persons aged 16 years and over:				
Completed Primary Courses	—	—	1	1
Reinforcing Injections	—	—	1	1
POLIOMYELITIS—ORAL VACCINE				
Children under 16 years of age:				
Completed Primary Courses	1355	1289	47	2691
Reinforcing doses	4	—	26	30
Persons aged 16 years and over:				
Completed Primary Courses	3322	43	15	3380
Reinforcing doses	—	—	4	4

B.C.G. Vaccination

Although B.C.G. vaccination is offered generally to the 13 year age group the Ministry of Health ruling allows whole classes to be dealt with. This greatly facilitates the administrative work but as a result a small percentage of the children were aged 12 or 14 years. This year's acceptance rate of 82% was considerably higher than that for the previous year.

Routine protection of 13-year-old school children:—

No. in 13 year age group	....	....	....	....	....	1,015
No. for whom consent was obtained	....	....	....	....	....	834
Percentages of acceptances	....	....	....	....	....	82%
No. of Mantoux-Negative	....	....	....	....	....	774
No. of Mantoux-Positive	....	....	....	....	....	60
Percentage Positive	....	....	....	....	....	7.2%
No. Vaccinated	....	....	....	....	....	774
No. who had Chest X-ray	....	....	....	....	....	59
No. where X-ray showed active tuberculosis	....	....	....	....	....	—
No. where X-ray showed lung abnormality requiring further observation	....	....	....	....	....	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tuberculosis bacillus. Our percentage, 7.2, compares favourably with that in other urban industrial areas.

The Chest Physician has supplied the following information regarding B.C.G. vaccination of Tuberculosis Contacts during 1965:—

Children under 15 years of age:—

No. of Contacts skin patch tested	Positive	Negative	B.C.G. Vaccinated
152	41	111	111

121 children were patch tested after B.C.G.—all showed a positive skin reaction.

The figures do not include work carried out amongst hospital staff.

As the result of notified cases of tuberculosis from two schools, investigations were carried out in collaboration with the Consultant Chest Physician. At one school 188 infant and junior children were tested and 173 were given B.C.G. vaccination. At the second school 76 senior pupils were Mantoux tested. The only one showing a positive reaction was X-rayed and the result showed no active disease.

Diphtheria, Whooping Cough and Tetanus Immunisation

The Health Visitor with her personal approach is the spearhead of the drive for a high level of primary protection against Diphtheria, Whooping Cough and Tetanus, while the school nurse is in a unique position to coax the reluctant parents of the primary school child to agree to the child receiving a booster dose of prophylactic.

Details of inoculations carried out during 1965 are given below.

	M. & C.W. and Special Clinics	School and School Clinic	Private Doctors	Total
DIPHTHERIA				
Completed Primary Courses	901	426	124	1451
Re-inoculations	380	2134	23	2537
WHOOPING COUGH				
Completed Primary Courses	880	2	123	1005
Re-inoculations	304	—	23	327
TETANUS				
Completed Primary Courses	901	427	124	1452
Re-inoculations	379	674	23	1076

AMBULANCE SERVICE

The service operates from the Ambulance Station, Pottery Road. A 24-hour watch 7 days per week is maintained. Radio-telephone equipment is used and in addition to the main station at the Ambulance Depot, ten ambulance vehicles are fitted with mobile transmitter-receivers.

During 1965 there was a further slight increase in the number of patients carried from 55,558 in 1964 to 55,791 in 1965 and an increase in vehicle mileage from 140,047 to 142,635. The continuing expansion of the service and comparisons from the Ministry of Health Ambulance Services Annual Costing Return led to a survey being undertaken to study the working of the service and to determine whether the resources available were being used to full advantage. The report of this survey included some particularly interesting information and it is reproduced in full as Appendix "A" on pages 119 to 123.

The table below indicates the trends in the service over the past decade. This is the first ten-year period following the termination of the agency agreement by Lancashire County Council. A significant increase of 67% in patients carried has been achieved with a corresponding mileage increase of only 18½%. The development since 1960 of the Psychiatric Day Care Unit at Billinge Hospital and more recently, the development of Wrightington Hospital as a major orthopaedic centre have resulted in considerably increased demands on the service. These hospitals are situated 5 miles and 6 miles respectively from the Ambulance Station. Despite this, the average mileage per patient shows no significant increase.

Apart from the increase in service, the most notable development during the ten year period was the building of the new ambulance station in Pottery Road, Wigan. This was officially opened on 30th August, 1961.

Year	Total patients carried	Total mileage	Average No. of patients carried per mile	Average mileage per patient
1956	33,420	120,283	0.27	3.6
1957	35,622	119,972	0.28	3.4
1958	37,246	114,725	0.33	3.0
1959	40,058	115,346	0.35	2.9
1960	44,181	127,081	0.35	2.8
1961	49,354	130,182	0.38	2.6
1962	51,446	128,351	0.40	2.5
1963	55,415	135,443	0.41	2.4
1964	55,558	140,047	0.39	2.5
1965	55,791	142,635	0.39	2.6

Personnel

The establishment of the service at the 31st December, 1965, was as follows :—

- 1 Superintendent.
- 4 Control Assistants.
- 1 Clerk/Day Control Assistant.
- 1 Leading Driver.
- 26 Driver/Attendants.
- 1 Handyman.

Maintenance of Vehicles

All maintenance and repairs necessary to keep the fleet fully serviceable have been carried out satisfactorily.

AGE OF VEHICLES IN YEARS

Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10 years and over
1	2	1	1	2	—	1	—	1	—	2

TOTAL MILEAGE RUN BY EACH VEHICLE

Registered No.	Year of Purchase	Make	Type	Mileage		Total Mileage Run
				1964	1965	
AEK 432	1953	Bedford	Sitting Case	179082	857	179939
AJP 500	1954	Daimler	Ambulance	96742	2475	99217
BJP 947	1955	Bedford	Ambulance	127969	8333	136302
DEK 828	1957	Bedford	Ambulance	93037	14616	107653
EJP 800	1959	Bedford	Ambulance	72289	18026	90315
GJP 564	1961	Morris	Car	75938	15134	91012
HEK 999	1961	Bedford	Sitting Case	48851	12695	61546
HJP 804	1962	Bedford	Sitting Case	27195	11569	38764
JJP 711	1963	Bedford	Ambulance	31020	15079	46099
KJP 984	1964	Bedford	Dual Purpose	13315	17486	31801
KJP 966	1964	Bedford	Ambulance	9809	14543	24352
AJP 298 C	1965	Bedford	Dual Purpose	—	11822	11822

Petrol and Oil Consumption

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AEK 432	857	90.0	4	9.5	214.2
2	Bedford	KJP 966	14543	1247.3	42	11.7	346.5
3	Daimler	AJP 500	2475	352.0	14	7.0	176.8
4	Bedford	EJP 800	18026	1289.4	81	14.0	222.8
5	Bedford	DEK 828	14616	1339.1	97	10.9	150.7
6	Bedford	BJP 947	8333	744.1	98	11.2	85.0
7	Bedford	HJP 804	11569	1168.5	57	9.9	203.0
8	Bedford	JJP 711	15079	1203.4	40	12.5	377.0
9	Bedford	HEK 999	12695	1106.0	44	11.5	288.5
10	Bedford	KJP 984	17486	834.2	13	21.0	1345.0
Car	Oxford	GJP 564	15134	590.8	53	25.6	285.5
1	Bedford	KJP 298C	11822	1013.3	22	11.7	537.4
		TOTALS:	142635	10978.1	565	13.0	252.5

Summary of Work Undertaken During the Year 1965

CLASSIFICATION	MILES	PATIENTS
SECTION 27 PATIENTS:		
Street Accidents (including all road users) ...	1077	295
Other Street Accidents	249	67
Work Accidents	410	99
Home Accidents	1074	222
Recreation Accidents	686	154
Unclassified Injuries	872	208
Street Illnesses	365	101
Home Illnesses	711	150
Works Illnesses	147	38
Other Illnesses	413	107
Maternity	6265	596
Mental Welfare Officers	5809	470
Infectious	81	14
Deceased	322	53
Admissions, Discharges, Transfers and Clinic Cases	89220	24129
Service and Fruitless	1219	—
Psychiatric Unit, Billinge	13418	9330
SECTION 27 PATIENTS—RECOVERABLE:		
Lancashire County Council	128	16
Other Authorities	1019	96
National Coal Board	103	17
OTHER RE-CHARGEABLE WORK:		
Welfare Services	2701	1171
Mentally Sub-normal Children	13634	17311
Midwives and Gas and Air Analgesia	630	—
Mental Health	113	—
Miscellaneous	27	—
Children's Department	525	387
Day Care Unit	1417	760
TOTALS	142635	55791

Civil Defence

The Ambulance and First Aid Section of the division remains active but difficulty is experienced in attracting new members.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

Health Education activities again figured prominently in the work of the Department but were limited by staffing difficulties. During the year the departmental establishment was varied to provide a post of Administrative Assistant whose duties would include the organisation of Health Education activities and the deployment to best advantage of the Department's not inconsiderable resources in this direction. Unfortunately the appointment was not made until December and the impact of this officer will not become apparent until 1966.

The campaign for clean food is carried on daily by the Public Health Inspectors in the effort to educate the public and the shopkeeper. There are encouraging signs but progress is slow.

Exhibitions are arranged in the Central Clinic from time to time dealing with such subjects as Home Safety, Coughs and Colds. If possible the subject is relevant to the season of the year. For example, before Christmas emphasis is laid on the aged and their needs. In all clinics the same topic is raised by the Health Visitor after the necessary advice has been given to each mother. Much information can be given in this way and more note appears to be taken of the spoken word.

The cigarette smoking situation is as discouraging as before. All efforts are almost useless in the face of bad example, whether it is from parents, teacher or favourite television hero. Impressions gained by members of the staff in their contacts with school children suggest strongly that little lasting impact is made by stating the facts about smoking.

Members of the staff have lectured on behalf of the Manchester Regional Committee on Cancer to Church Societies, Social Clubs, Business organisations and the like. The talks proved extremely popular. The Committee's material provoked intense interest. It was instructive to note that questions from male audiences largely concerned smoking and from female audiences cervical cancer.

Every opportunity is taken to stress the dangers of venereal diseases. Details of special clinics are displayed in public conveniences in the Borough. Posters directed towards young people are displayed in appropriate places and wherever possible, social workers in the course of their duties use their influence to encourage those known to have been exposed to possible infection to seek treatment. Approaches have been made to head-teachers of certain schools to try to discover the best method of handling the subject in this particular area and it is hoped to arrange a series of lectures during 1966.

The Health Visitors again gave their popular mothercraft talks to pupils at the senior girls' schools. A total of 132 pupils were entered for the examination in "Child Care" for schools arranged by the National Association for Maternal and Child Welfare. 122 were successful—a very encouraging result. Parties from some schools visited the Central Clinic and were shown round and told of the work of the Department.

Classes for expectant mothers are held each week at the Central Clinic, where talks and demonstrations are given on mothercraft, general hygiene and allied subjects. Expectant mothers receive talks on pregnancy, childbirth and the post-natal period. Any relevant literature is distributed. The appropriate exercises are carried out by those attending the classes who also receive instruction in gas and air analgesia. The syllabus in fact, prepares the inexperienced woman for the great experience of motherhood. The cup of tea and chat afterwards also help to remove the sense of isolation so many young mothers-to-be seem to have. It is without doubt one of the most gratifying parts of Health Education to see knowledge, contentment and eager anticipation grow in the expectant mother and replace ignorance and fear.

An innovation was the introduction of a class for husbands of expectant mothers. They attended with their wives at classes held in the evenings at Pemberton Clinic. Apart from being instructed in the care of a new-born baby the husbands were given talks on the psychological problems relating to child-bearing. This is a most important development in a sphere which has generally been neglected in the past.

Convalescence

During the year 1965 no arrangements were made for short-term care under section 28 of the National Health Service Act, 1946.

Venereal Disease

The treatment of Venereal Diseases is the responsibility of the Hospital service, and in Wigan the Clinic is under the direction of Dr. Philip S. Silver, M.R.C.S., L.R.C.P.

The number of new patients in Wigan was 63, an increase of 9 compared with the previous year. Attendances at the Wigan Clinic fell from 1,287 (818 male, 469 female) in 1964 to 1,255 (816 male, 439 female) in 1965.

The startling rise in venereal disease in the country as a whole has not been paralleled in Wigan. However, the situation may not be so good as the figures suggest.

Unfortunately the returns for gonorrhoea and non-gonococcal urethritis are not encouraging. Half the new female cases were brought under medical care only by reason of being a contact of a proven male case. Latest figures suggest that rather more than 60% of gonococally infected women are symptom free and therefore unaware of being infected. This together with the fact that many males are infected by casual acquaintances and can give no information about their contacts is strong evidence that much gonorrhoea remains undetected.

There has been no case of homosexually acquired disease this year. In view of the notorious reluctance of such patients to try to persuade their contacts to be treated it seems a matter of relief that Wigan is free of this problem.

NO. OF WIGAN CASES DEALT WITH FOR THE FIRST TIME AT THE V.D.

TREATMENT CENTRES

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Syphilis	7	8	7	3	5	3	10	2	2	1
Gonorrhoea	10	6	14	8	12	21	17	15	8	14
Other										
Conditions	37	31	43	32	54	49	59	56	44	48
	—	—	—	—	—	—	—	—	—	—
TOTAL	54	45	64	43	71	73	86	73	54	63
	—	—	—	—	—	—	—	—	—	—

The Health Committee have continued their arrangements whereby the V.D. Orderly of the Royal Albert Edward Infirmary undertakes the duties of Almoner.

Efforts are made to persuade persons who are a source of infection to attend for treatment at the Centre. Contact is made with patients who fail to attend for treatment with a view to stressing the importance of continued attendance at the Clinic. The work done by the Almoner has been found to produce satisfactory results.

The following is an extract from the Almoner's report for the year 1965:—

“All patients attending the special clinic are questioned regarding their source of infection. In all cases where necessary, a special contact card bearing the times and places of all special clinics held in the Manchester region is given to the patient to pass on to the contact. As a result the following patients attended:—

								Male	Female
Syphilis	....	....	....	....	....	....	....	—	—
Gonorrhoea	....	....	....	....	....	....	....	—	3
Non-Venereal	....	....	....	....	....	....	....	3	4

There was one child born of Wigan parents attending this clinic for Syphilitic treatment during 1965.

Patients failing to attend for treatment are the biggest problem and 38 letters were sent to try and persuade them to attend. Of these 27 reported for further investigation and treatment. The total number of patients remaining on the register at 31st December, 1965, was 66, a decrease of five over last year.”

Tuberculosis

Statistical information regarding the prevalence of and mortality from tuberculosis will be found in that section of the Report dealing with infectious diseases.

The Tuberculosis Visitor is a full-time member of the Local Authority Health Visiting Staff, her work being divided between attendance with the Chest Physician at the Dispensary and visiting patients in their homes.

During the year, 2,080 home visits were paid by the tuberculosis health visitor.

The number of new contacts examined during the past three years was as follows:—

1963			1964			1965		
Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
120	237	357	119	225	344	131	180	311
Contacts of positive cases under supervision, 31st December, 1965							....	158
Contacts under supervision after B.C.G. inoculation							....	490
The average number of contacts per case of pulmonary T.B. is as follows:—								
					1963	1964	1965	
Tuberculosis Notifications: Pulmonary					.... 38	27	21	
Other forms					.... 3	6	2	
No. of contacts per case (pulmonary only)					.... 9.4	12.7	14.8	

All cases of death from respiratory tuberculosis which remained un-notified during life are the subject of special contact investigations.

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee. The aims of this Committee may be stated as follows:—

1. To provide extra nourishments, nursing utensils, wheel chairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatorium and on their return home.
3. To visit and give friendly advice.
4. To assist in educating public opinion in matters of health in regard to Tuberculosis.
5. To give assistance in providing tools in cases where tuberculous persons entering into employment are not so assisted by the Ministry of Labour.

The Chest Physician acts as Honorary Medical Officer to this Committee.

Rehabilitation

Very few known sputum positive cases are actually employed in permanent positions, and constant supervision by the Tuberculosis Health Visitor ensures that these few do not become a danger to other susceptible groups.

Persons who are fit for light work are referred to the Disablement Re-settlement Officer with suitable recommendation.

Other Illnesses

Close liaison between the health visitor and the social welfare officers engaged on work amongst the physically handicapped under the Council's scheme ensures that advice and help are readily available to those in need once their condition becomes known to the department.

Meals on Wheels Service

A Scheme (within the Council's proposals under Section 28 of the National Health Service Act, 1946) for the delivery of a mid-day meal to individuals unable, because of illness or physical disability to provide their own, has been in operation since May, 1951.

The meals are prepared at the Welfare Home, Frog Lane.

The food is served in individual covered containers. The charge per meal is 1s. 4d. but in necessitous cases it is reduced to 1s.

A total of 17,271 meals were provided during the year. Except for public holidays meals are delivered on Mondays to Fridays each week. A maximum of three meals per week are provided in each case and the service is greatly appreciated.

The number of meals supplied is 2,704 over the 1964 total. This was made possible by the introduction of more "Hot Lock" containers. One of the biggest problems of a Meals on Wheels Service is to ensure that meals are served hot. The "Hot Lock" containers are heated by charcoal brickettes and there is no doubt that the use of this equipment has resulted in an improved standard of service.

Members of the W.V.S. assist in the delivery of the meals and I am extremely grateful to them for the assistance which they give in helping us to provide this service in the Borough.

Nursing Equipment

Items of nursing equipment are available on loan from the Health Department at a nominal charge. The service is used extensively and 302 items were loaned during the year. Details are given below:—

Air rings	52	Enuresis alarms	3
Back rests	55	Rubber sheets	48
Bed cradles	5	Tripod crutches	3
Bed pans	67	Urinals	33
Commodes	6	Wheelchairs	20
Crutches	4	Zimmer lifts	4
Beds with lifting poles		2	

Bedding Loan Service

A service to loan certain articles of bedding for the use of bedfast incontinent persons is available.

The patient is supplied with clean bedding,—sheets, drawsheets, pillowcases, pyjama jackets—as required.

The soiled articles are collected for laundering and replaced by clean bedding at regular intervals.

A charge of 6d. per week is made for the service.

No. of cases on 1st January, 1965	4
No. of new cases during the year	13
No. of cases ceased	12
No. of cases on 31st December, 1965	5

Incontinence Pads (see also page 40)

Supplies of pads under Section 28 are available through the Health Department and can be purchased for patients at a special price. No difficulties have as yet been experienced in the disposal of soiled pads as it has always been possible to burn them at patient's homes. If this proves impracticable for any reason an alternative method of disposal will be arranged.

Chiropody Service

This was the first full year of operation of the Municipal Chiropody Service from the Nurses' Home, 9 New Market Street, Wigan. Although the arrangements were working reasonably well a considerable waiting list developed. It was decided to employ a second Chiropodist on a sessional basis for up to five sessions per week. Arrangements were then made for sessions to be held at the Central Clinic, Millgate, Billinge Road Clinic and Marsh Green Clinic. The service is being provided for the elderly, physically handicapped and expectant mothers. A limited number of housebound patients are treated in their own homes by the chiropodist. A charge of 2s. 6d. per treatment is made for the service but this is waived for persons in receipt of National Assistance Benefit.

686 patients made a total of 2,114 attendances for treatment at the Nurses' Home and Clinics. In addition the Chiropodist gave 96 domiciliary treatments.

DOMESTIC HELP SERVICE

There was a further expansion of the Domestic Help Service during 1965. This is the service in which there has been the greatest development during the past decade. In 1952 a total equivalent of 14 full-time helps was employed; at the end of 1965 the total was 62 full-time equivalent home helps. The number of cases rose in the same period from 240 to 1,078. In 1965 help was provided for 35 maternity, 2 mentally disordered, 95 chronic sick and tuberculous, 923 aged and 23 others.

These statistics only serve to show the trend of the developing service, which is helping many of the aged residents of the Borough to lead independent lives in their own homes. Together with the Home Nursing, "Meals on Wheels" and the Bedding Loan Services, the Home Help Service helps to relieve pressure on Part III Accommodation and geriatric hospital beds. There is no doubt that expenditure on the domiciliary services is an overall economy on National Health Service funds. Unfortunately it appears at first sight to be met largely out of the local rate fund but one should not forget that the exchequer grant is weighted to allow for the disproportionate number of aged persons living in the Borough.

Charges for Service

The standard charge operating at the end of the year was 4s. 9d. per hour but in very few cases was the recipient called upon to pay the full cost. All cases whose family income is such that they must ask for relief are assessed according to a scale agreed by the Health Committee. In almost all cases persons in receipt of National Assistance Benefit are entitled to the service free of charge.

MENTAL HEALTH SERVICES

This was a year of considerable development and progress in the Mental Health Service. Fabrex, the new adult training centre in Hunter Road, Marsh Green, and Scot House, Marsh Green, a small hostel for retarded adults, came into operation. In addition a Day Care Unit for aged psychiatric patients was established at Marsh Green Clinic.

The role of the Mental Welfare Officer has changed considerably in recent years. He is now responsible for helping people to resolve a wide range of personal problems, both emotional and material. He works as part of a team with the hospital psychiatrist, the family doctor and other social workers. Considerable skill and knowledge are required to carry out these duties. The recruitment of trained mental welfare officers is a national problem which is not likely to ease in the near future. One Mental Welfare Officer is attending a two-year course for the National Certificate in Social Work and whilst this creates some immediate problems the long-term effects should be generally beneficial. There was an increase in emergency admissions to hospital of mentally-ill patients and staffing difficulties probably had some bearing on this.

Close co-operation between the general practitioners, the hospitals, and the Local Health Authority continues and the only difficulty remains the provision of hostel beds for the aged psychiatric patients. Some of these were admitted to hostels under Part III of the National Assistance Act. Others live at home but attend the Day Care Unit, Marsh Green each day.

Administration

The establishment provides for one Senior Mental Welfare Officer, three Mental Welfare Officers and a Mental Welfare Assistant, but unfortunately because of staff changes we were below strength for a considerable period during the year.

Five doctors are approved under Section 28(2) of the Mental Health Act, 1959, for the purpose of making medical recommendations in respect of mentally disordered patients. These are the Medical Officer of Health, Dr. R. McL. Bain, Dr. H. Coates, Dr. T. L. O'Donnell and Dr. E. H. Calverley.

With regret the death is recorded of Dr. D. M. Mather, an approved doctor under the Act, who for many years co-operated closely with the Department and was of considerable help to the Mental Welfare Officers.

Mental Subnormality

By the end of 1965, 134 patients were receiving community care with regular visiting from the Mental Welfare Officers, who dealt with a wide range of problems and helped both patients and their families in many ways.

Temporary hospital care was provided on all occasions when requested and permanent care obtained in all except one case. This case was classified as non-urgent. The closest liaison was maintained with the staff at Brockhall Hospital who have given every assistance with cases requiring admission and also on a consultative basis with difficult problems concerning sub-normal patients in the community. During the year 12 sub-normal patients were discharged from hospital. Two were subsequently re-admitted under Section 60 but the others have been successfully rehabilitated. Employment was obtained by the Mental Welfare Officers for five subnormal youths, two of whom had been considered unemployable prior to their admission to the adult training centre. In all cases their placement in employment has proved satisfactory.

The drive to secure early notification of the pre-school sub-normal child has continued. Dr. Forrester, Consultant Paediatrician, has been of great help in this respect and in dealing with certain cases of special difficulty.

Mental Illness

Mental Welfare Officers maintain a 24-hour "on call" service for all emergencies.

The Senior Mental Welfare Officer attends the weekly out-patient Psychiatric Clinic at Wigan Infirmary and obtains Social Histories of all patients attending from Wigan Borough. Mental Welfare Officers also provide Social Histories of all patients admitted to hospital.

In all cases where it is considered necessary, Mental Welfare Officers accompany patients to clinics for consultation and assessment and it is felt that a considerable number of emergency admissions are prevented by this practice.

As far as possible the programme of intensive after-care has been continued. A feature has been the weekly visiting of certain patients with a high relapse rate who have been selected in consultation with the Consultant Psychiatrist.

Close co-operation with Dr. H. Coates, other hospital staff and the Mental Welfare Officers has proved to be of great benefit and regular meetings take place at which patients' problems are tackled. The Mental Welfare Officers keep in touch with patients admitted to hospital by regular visits to the hospital wards and all patients are visited on discharge when any necessary help and advice are given.

Prevention of admission to hospital of certain cases referred by general practitioners has been achieved largely by the solution of social problems or help in other ways. Activities in this sphere, which are frequently time-consuming, are limited by the number of trained staff available.

In the field of social problems close liaison exists with Health Visitors, Social Welfare Officers, Children's Department and the Housing Department. Help has been obtained from the Ministry of Labour in obtaining work for patients but, in addition, it has been found that a direct approach to individual employers has been very successful.

The Department has received a great deal of help from the W.V.S. in the supply of clothing and furniture, from certain individuals who have given quantities of used clothing and from the Soroptimist Club of Wigan.

Account of Work Undertaken in the Community

MENTAL ILLNESS:

Patients notified as mentally ill	....	....	....	....	....	....	248
Dealt with as follows:							
Section 25, Mental Health Act, 1959			....	....	....	....	5
Section 26, Mental Health Act, 1959			....	....	....	....	3
Section 29, Mental Health Act, 1959			....	....	....	....	37
Section 60, Mental Health Act, 1959			....	....	....	....	—
Detained during H.M. pleasure	....	....	....	....	....	....	—
Informal admissions, Mental Health Act, 1959			....	....	....	....	169
Care and supervision in the Community			....	....	....	....	28
No action	....	....	....	....	....	....	6
Total number of visits to patients requiring care and supervision						....	174
Total number of visits to patients requiring after care					....	....	1,267
Total number of patients requiring after-care			....	....	....	....	300

MENTAL SUBNORMALITY:

Number of patients under Community Care at 31-12-65....	....	....	134
Number of patients at Adult Training Centre	....	....	60
Number of patients at Junior Training Centre	....	....	28
Number of patients at Special Care Unit	....	....	10
Number of admissions to hospital during the year:			
Temporary care	....	....	17
Informal admissions	....	....	13
Section 25, Mental Health Act, 1959	....	....	2
Section 26, Mental Health Act, 1959	....	....	3
Section 29, Mental Health Act, 1959	....	....	3
Section 60, Mental Health Act, 1959	....	....	3
Number of patients discharged from hospital during the year	....	....	12
Number of patients awaiting admission to hospital at 31-12-65		....	1

COMMUNITY CARE AND OTHER WORK OF MENTAL WELFARE OFFICERS:

Total number of domiciliary visits during the year	....	....	....	3,524
Total number of visits to Junior Training Centre	....	....	....	47
Total number of visits to Adult Training Centre	....	....	....	110
Total number of visits to Special Care Unit	....	....	....	58
Total number of visits to Day Care Unit	....	....	....	45
Total number of visits to Hostel	....	....	....	30
Attendances at Billinge Hospital Case Conferences	....	....	....	112
Visits to patients in hospital	....	....	....	168
Visits relating to the welfare of patients in hospital	....	....	....	284
Attendances at Psychiatric Clinic	....	....	....	43
Special reports for hospitals regarding sub-normal patients		....	....	65
Social Histories for hospitals and at psychiatric clinics	....	....	....	227
Patients accompanied to Psychiatric Clinics	....	....	....	154

TRAINING OF THE MENTALLY HANDICAPPED

TRAINING CENTRE, HOPE SCHOOL

This Training Centre, which was one of the first purpose-built junior training centres to be erected after the passing of the National Health Service Act, 1946, opened in 1954. The staff consists of a Supervisor, and five Assistant Supervisors. A full-time guide help and one part-time guide help are employed to assist with the care of the trainees both at the Centre and whilst travelling between the Centre and home.

Although originally planned as a centre for trainees under 16 years of age, in recent years many of those attending remained after their 16th birthday as no other training facilities were available. When Fabrex opened, the majority of the older trainees transferred from Hope School to the new centre. Plans have been made to transfer the Special Care Unit to Hope School early in 1966. There will then be 35 Junior Training Centre places and 12 places in the Special Care section of the Centre.

At the end of the year there were 28 trainees attending Hope School. All are Wigan residents and are conveyed to the centre by ambulance. A mid-day meal is provided and all children under the age of 16 years receive a $\frac{1}{3}$ pint of pasteurised milk each day.

All trainees are examined on entry by a medical officer who also attends the Centre periodically for routine medical inspection. In appropriate cases the re-assessment of mental ability is carried out. A school nurse visits the Centre twice weekly to attend to minor ailments.

The aim is to help the trainees to live full, happy lives as far as they are able, stressing self-help, occupation and communication. Individual training is required to help encourage concentration, memory training and observation. Within the groups sense training apparatus is available to enable them to experiment with various shapes and materials. Purposeful play is the theme in the Nursery class, learning the skills and aptitudes which most children acquire without effort but which do not come easily to retarded children.

In the senior class instruction is given to the 15-year olds in the type of work likely to be undertaken at Fabrex. Particular attention is paid to personal hygiene, use of money, learning to tell the time, social training, general knowledge and conversation.

Training of Students

During the year, two students from the National Association for Mental Health Training Course for Supervisors in Manchester have done practical training in the Centre. In addition two students from Teacher Training Colleges visited the Centre.

The following is an extract from the attendance register:—

	Borough	County	Total
No. of children on the register at 1st Jan., 1965	52	11	63
No. of admissions during the year 	4	—	4
No. of children ceased to attend 	28	11	39
No. of children remaining on the register at 31st December, 1965 	28	—	28
Average daily attendance during the year 	39	8	47

SENIOR TRAINING CENTRE

The year 1965 saw the closing of Marylebone Training Centre and the opening of Fabrex, the newly-constructed adult training centre in Hunter Road, Marsh Green, Wigan. Marylebone has served its purpose well and as a pilot venture to gain experience prior to the building of the new centre it was invaluable. However its inadequacies were becoming more and more apparent during the past year and the move to Fabrex at the beginning of November came as a welcome relief.

Fabrex is a single-storey building. The accommodation consists of a large central hall with adjoining staff room, kitchen and stores; two large workrooms, one of which is wired for heavy-duty electrical equipment and has an adjacent working area and timber store; a Manager's office, first-aid room and chair store, in addition to ample cloakroom and toilet facilities which include a shower. The kitchen is fully equipped electrically and provides cooking and storage facilities to cater for all persons attending both the Centre and Hope School. Internal communication covering public address system, radio transmission and record playing has been arranged in all the main rooms.

In addition to the male trainees who attended Marylebone Training Centre, female trainees over 16 years of age who formerly attended Hope School transferred to Fabrex. The aim at the Centre is to simulate as near as possible the conditions in open employment. Trainees attend from 9-0 a.m. to 4-30 p.m. Monday to Friday inclusive and the centre closes only on three weeks each year in addition to public holidays. Small payments are made to the trainees who receive the money each week in a wage packet.

Social training forms an integral part of the educational programme. Medical inspection, physiotherapy, physical training and organised games are planned. It is also hoped to arrange some social activities outside normal working hours.

The National Coal Board and a number of local firms have co-operated in providing a wide range of work for the trainees.

Wherever possible, trainees are encouraged to make their own way to the centre by public transport. Those living within the Borough travel in this manner. The remaining trainees are conveyed to the centre by ambulance or mini-bus.

The staff at the centre consists of a Manager, two Senior Instructors and four Instructors. A post of cook was included on the establishment but because of recruitment difficulties no appointment has been made. Mid-day meals therefore are supplied through the School Meals Service except that during school holidays when this service is not available, the meals are prepared at one of the Corporation's Homes for Aged Persons.

Borough and County trainees attend the centre and details of attendances during 1965 are given below.

MARYLEBONE	Borough	County	Total
Number of trainees on register on 1st Jan., 1965	20	6	26
Number of admissions during 1965	7	—	7
Number of trainees ceasing to attend	3	2	5
Number of trainees on register at closing of centre, 1st November, 1965	24	4	28
Average attendance during the year	22	4	26

FABREX	Borough	County	Total
Number of trainees on register at 2nd Nov., 1965....	24	4	28
Number of admissions during 1965	27	10	37
Number of trainees ceasing to attend	—	5	5
Number of trainees on register at 31st Dec., 1965	51	9	60
Average attendance during year	37	7	44

SCOT HOUSE

No community care services are complete without the provision of residential accommodation. In the past it has been discouraging to see a child, who had responded well to training, admitted to Hospital Care because of the inadequacy of the home environment. Scot House can accommodate six young adults, all in single bedrooms.

The first three residents were admitted direct from hospital. Two have settled well in the community, the other unfortunately had to return to hospital. At the end of the year four were in residence.

Initially all the residents attend Fabrex daily but the ultimate will be achieved when the majority are placed successfully in open industry.

A resident Warden is in charge of Scot House assisted by her husband. A relief warden attends when the warden is off duty. The aim is to provide a real home for the residents and early indications point to considerable success in this direction.

SPECIAL CARE UNIT

Facilities are provided at Scarisbrick Street Baptist Church to ease the burden of parents of severely sub-normal children who are too young or too retarded to benefit by instruction in the Training Centre and also to enable the mother to attend shopping and other outdoor matters.

The unit is open Monday, Tuesday, Wednesday and Thursday afternoons each week between 1-30 and 4-30 p.m. Between 8 and 10 children regularly attend and are under the care of two paid helpers. No charge is made to the parents of children attending.

DAY CARE UNIT

This unit at Marsh Green Clinic opened on 13th September, 1965. Aged psychiatric patients and also a proportion of mentally stable aged persons attend the unit which is open from 9-30 a.m. to 4-0 p.m. Monday to Friday. Those attending are conveyed to and from the Clinic by the Ambulance Service. Mid-day meals are supplied through the Meals on Wheels Service and in addition a drink, prepared on the premises, is provided in the morning and afternoon. Simple occupational therapy and recreational pursuits are organised by the two attendants. A charge of 2s. 6d. per person per day is made. Initially six persons have been attending at the unit and whilst there is room for considerable development early indications are that the venture is serving a very useful purpose.

CO-ORDINATION OF HEALTH SERVICES

Co-ordination and Co-operation with other parts of the National Health Service

The Chairman of the Health Committee is a member of the Wigan and Leigh Hospital Management Committee. He is also Chairman of the Executive Council for the County Borough of Wigan.

The Medical Officer of Health, whilst not a member of the Hospital Management Committee, serves on the Medical Advisory Committee which is represented on the Management Committee. There is no representative of the local authority at officer level on the Executive Council but the Medical Officer of Health is a member of the Local Medical Committee which reviews the medical administrative aspects of general practitioner services and advises the Executive Council.

In addition to the above, the Medical Officer of Health is a member of a liaison committee whose members include Medical Officers of Health of Counties and County Boroughs in and adjoining the Manchester Regional Hospital Board area, and also the Principal Regional Medical Officer of the Regional Hospital Board.

Locally a liaison committee has been established consisting of representatives of the Wigan and Leigh Hospital Services, both medical and administrative, the local authority services in the persons of the Medical Officer of Health, Wigan, and the Divisional Medical Officers of Divisions 8 and 11 of the Lancashire County Council Health Services, along with representatives, both medical and administrative, from the general practitioner services. The objects of the Committee are "To deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smoother working and greater efficiency."

During the year the Committee considered the following matters:—Tetanus Prophylaxis; Influenza Vaccination; Poliomyelitis; Physiotherapy Services for Handicapped Children; Ambulance Service; Intensive Care Unit; Psychiatric Patients in General Wards.

In March 1963, the Ministry of Health issued a circular 3/63 regarding arrangements for after-care of patients discharged from hospital. It was suggested that local authorities should designate an officer to be responsible for mobilising the community services for discharged patients. All requests for community care are made through this Department and difficulties are minimal because of the unified control over Health and Welfare Services.

Major Accident Organisation

In the event of a major catastrophe it is essential that all those officers and services who will inevitably be involved shall be aware of the resources, commitments and liabilities of each other and that pre-arranged conventions governing the alerting of the services shall be widely known. To achieve this the co-operation of ambulance, fire, hospital, police and welfare services, both statutory and voluntary, in the County Borough and the surrounding area have been obtained. The Department has published in booklet form, comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. These schemes are reviewed annually and amendments made in the light of experience.

Section IV

**Prevalence of
and
Control over
Infectious Disease**

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Cases of measles were notified in every month during the year but increasing numbers in the last three months indicated that a comparatively large scale outbreak was being experienced. The total number of notifications was 469 slightly lower than in the previous year.

There were 22 notified cases of pulmonary tuberculosis, a decrease from the 27 cases notified in 1964. Three of the notified cases were from schools. Two occurred in teachers and one in a pupil. In the first two cases Mantoux and X-ray examinations were carried out in collaboration with the Consultant Chest Physician. At one school 188 infant and junior children were tested and 173 were given B.C.G. vaccination. The 15 positive reactors were X-rayed and two were found to be suffering from tuberculosis. At the second school 76 senior pupils were Mantoux tested. The only one showing a positive reaction was X-rayed and the result showed no active disease. In the third case the internal administration of the school was such that a very large number of possible contacts had to be examined. A Mass Miniature Radiography Unit therefore visited the school and X-rayed the staff and pupils. It was thought necessary for two children to be referred to a Chest Clinic. As both children came from another town and travelled to school in the same coach as the original case, arrangements were made for them to be seen at their local Chest Clinic. One is still under observation and the other has been diagnosed as having bronchiectasis.

Only 3 cases of whooping cough were notified, compared with 12 the previous year. No case of paralytic poliomyelitis was notified and for the seventeenth successive year there was no confirmed case of diphtheria.

NOTIFICATIONS

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1965

NOTIFIABLE DISEASE	At all Ages	CASES NOTIFIED								
		AGE GROUPS								
		under 1	1 and under 3	3 and under 3	5 and under 10	10 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over
Acute Encephalitis: Infective	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—
Dysentery	7	—	—	1	2	1	3	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	—	—	—	1	—
Food Poisoning	2	1	—	—	—	—	—	1	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—
Measles	469	38	139	149	136	5	2	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Pneumonia	5	—	—	—	—	1	—	2	1	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	17	—	—	5	12	—	—	—	—	—
Tuberculosis: Pulmonary	21	—	—	—	2	—	3	7	7	2
Other forms	2	—	—	—	1	—	—	—	—	1
Whooping Cough	3	1	—	1	1	—	—	—	—	—
TOTALS	527	40	139	156	154	7	8	10	9	4

Analysis of Notifications by Months, 1965

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis: Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	2	4	—	—	—	—	—	—	—	—	—	7
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	1	—	—	—	—	1
Food Poisoning	—	—	2	—	—	—	—	—	—	—	—	—	2
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	174	110	62	37	10	23	5	4	10	3	7	24	469
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	2	—	—	1	1	1	—	—	—	—	—	5
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	3	1	1	—	—	—	—	1	3	5	3	17
Tuberculosis: Pulmonary	1	3	3	3	2	—	2	1	—	3	2	1	21
Other forms	1	—	—	—	1	—	—	—	—	—	—	—	2
Whooping Cough	—	—	—	—	—	—	—	—	—	—	3	—	3
TOTALS	177	120	72	41	14	24	8	6	11	9	17	28	527

Comparative Notifications for the Past Ten Years

				1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Acute Encephalitis: Infective	...	...	...	—	—	1	—	1	—	—	1	—	—
Acute Poliomyelitis: Paralytic	...	...	...	—	5	1	3	—	2	—	—	—	—
Non-Paralytic	...	...	...	3	1	1	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	...	...	...	—	—	—	—	—	—	—	—	—	—
Dysentery	...	...	...	64	63	9	12	8	10	6	8	5	7
Enteric or Typhoid Fever	...	...	...	—	1	—	—	—	1	—	1	—	—
Erysipelas	...	...	...	3	—	3	1	2	1	—	—	2	1
Food Poisoning	...	...	...	14	8	6	4	—	2	4	16	3	2
Malaria (contracted abroad)	...	...	...	—	—	—	—	1	—	—	—	—	—
Measles	...	...	...	96	721	582	488	41	1608	39	700	652	469
Meningococcal Infection	...	...	...	—	—	1	2	1	3	5	3	2	—
Ophthalmia Neonatorum	...	...	...	—	—	—	—	—	—	—	—	—	—
Pneumonia	...	...	...	12	14	13	48	2	4	—	—	2	5
Puerperal Pyrexia	...	...	...	1	4	—	—	—	—	1	—	—	—
Scarlet Fever	...	...	...	44	25	3	25	47	25	6	8	34	17
Tuberculosis: Pulmonary	...	...	...	46	61	36	56	50	34	25	38	27	21
Other Forms	...	...	...	7	2	9	9	3	2	2	3	6	2
Whooping Cough	...	...	...	133	38	10	63	20	—	1	82	9	3
				423	943	692	711	176	1692	89	860	742	527

Tuberculosis

Formal Notifications

[illegible]

Cases Coming to the Notice of the Medical Officer of Health Otherwise than by Formal Notification

[illegible]

New Cases and Mortality During 1965

AGE PERIODS:	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
5—	—	2	1	—	—	—	—	—
15—	1	2	—	—	—	—	—	—
25—	5	2	—	—	—	—	—	—
45—	6	1	—	—	3	—	—	—
65—	2	—	—	1	1	—	—	—
75—	—	—	—	—	—	—	—	—
TOTALS	14	7	1	1	4	—	—	—

The number of deaths from Pulmonary Tuberculosis was 4 compared with 3 in 1964 and 3 in 1963. No death from other tubercular infections occurred during the year.

Comparative Statistics, 1961 to 1965

Cases Notified

	1961	1962	1963	1964	1965
Pulmonary	34	25	38	27	21
Other forms of tuberculosis	2	2	3	6	2
TOTALS	36	27	41	33	23

Deaths

	1961	1962	1963	1964	1965
Pulmonary	7	5	3	3	4
Other forms of tuberculosis	1	—	—	1	—
TOTALS	8	5	3	4	4

Death Rates

	1961	1962	1963	1964	1965
Pulmonary	0.09	0.06	0.04	0.04	0.05
Other forms of tuberculosis	0.01	0.00	0.00	0.01	0.00
TOTALS	0.10	0.06	0.04	0.05	0.05

DISINFECTION

Arrangements have been made to use the old disinfector at the Welfare Home, Frog Lane, for the disinfection of bedding, etc. which has been associated with cases of certain infectious diseases.

Distribution of Disinfectants

Disinfestants and disinfectants of proved potency are provided free to the occupiers of houses where infestation or infectious disease has occurred, and in cases where there are exceptional circumstances. Other persons who desire supplies are charged a small amount to meet the cost of the disinfectant.

Information on the correct use of these agents is given by the public health inspectors.

Section V

National Assistance Act, 1948

Part III

Welfare Services

ADMINISTRATION

The Authority's Welfare Services, under the National Assistance Act, 1948, continued to be controlled by the Health Committee.

The total number of staff employed on Welfare Services at 31st December, 1965, was 98, made up as follows:—

Administrative and Clerical (including persons in charge of Homes)	16
Home Staffs (other than persons in charge)	74
Flats for the Aged Part-Time Wardens	2
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	4
Home Teachers for the Blind	2
	<u>98</u>

RESIDENTIAL ACCOMMODATION

The following table shows the numbers of aged persons provided with residential accommodation as at the 31st December, 1965.

No. of Beds	Springfield (61)		Douglas Bank (31)		Norley Hall (38)		Rockwood (19)		(Former P.A. Inst.) St. Stephen's House (40)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Over 90	—	4	1	4	—	3	—	1	1	1
85—90	3	9	2	2	4	2	—	—	—	2
80—85	4	9	3	7	2	3	1	2	3	3
75—80	5	5	2	4	8	3	—	2	3	—
70—75	4	6	2	2	3	5	1	3	4	3
65—70	—	—	—	—	1	—	2	—	3	2
60—65	—	—	—	—	1	—	—	—	1	1
Mentally and Physically infirm	1	10	—	2	—	3	1	5	1	9
Average Ages	81.2		82.3		78.7		76.6		76.5	
Overall average age 79.1										

As in most other areas there is a waiting list, and it is noticed that the average age of the applicants and their degree of infirmity on application are steadily rising. There is a constant demand for ground floor accommodation, and staff in the Homes are being called upon to look after the infirm who need a lot of assistance, those who are temporarily ill, and others requiring bed rest as a regular feature of care.

Short-Term Care

This is an extremely valuable service for it enables families and individuals who are devotedly caring for their aged relatives and friends to have a brief respite, perhaps to proceed on holiday. During the year "Short term care" was provided for 46 old persons.

During the year 1965 the number of admissions to Part III accommodation was as follows:—

	M.	F.
(1) From own homes, lodging houses, etc. (including short stay)	30	51
(2) From hospitals	21	33

The numbers discharged from Part III accommodation were as follows:—

(1) No. dying in Homes	4	4
(2) No. transferred to Hospital	32	37
(3) No. discharged elsewhere	6	10
(4) No. leaving after "short-stay"	11	35

Hostel for Men

In addition to the above, 23 men were accommodated in the former Institution. These men require less attention and their need for care arises principally from their lack of supervised accommodation and elementary comforts.

Admission Arrangements

Cases for admission are brought to the notice of the department by personal application, by relatives, by general practitioners, members of the Council, Public Health Inspectors, Health Visitors, and so on. There is always a considerable number of persons awaiting admission, and it will be obvious that to admit applicants on a "first come—first served" basis would be impracticable. Some cases are of a more urgent nature and the date of application is therefore ignored in assessing priority. All cases are visited frequently and as a vacancy arises it is allocated to an aged person in most urgent need of care.

Where hospital patients are fit for discharge but unable to return home for any reason they are interviewed by a welfare officer and their names are entered on the waiting list. In this sphere, close liaison is maintained with the Consultant Geriatrician and the Almoners.

Charges for Accommodation

The Standard Charges for the year were:—

St. Stephen's House £9 5s., Douglas Bank House, Norley Hall, Rockwood and Springfield £7 0s. 10d. per week.

CARE OF THE AGED

Domiciliary Visiting

Aged Persons Living alone in Wigan:—

WARD	Men	Women	WARD	Men	Women
St. George	16	55	Swinley	48	274
Lindsay	33	166	All Saints	10	72
St. Catharine	47	148	Pemberton West	25	90
St. Patrick	51	163	Pemberton North	69	282
St. Thomas	46	196	Pemberton Central	67	317
St. Andrew	90	481	Pemberton South	29	140

A register of these people is kept in the Department and the information includes particulars of relatives and friends with the frequency of visitation, the family doctor, nature of any disability, an indication of services provided, together with a resume of the social conditions and financial circumstances. Welfare Officers made 3,294 visits to aged people living in their own homes. Advice and guidance has been welcomed, and a pre-paid postcard was left with each person so that, in the event of their requiring any assistance, advice or welfare services in any way, they had only to post the card and a Welfare Officer would visit to render any assistance that might be required. The elderly

appear to be bewildered by the complexity of the social services, and simple matters become, to them, problems of considerable difficulty. It is considered that the solution of these problems by the Welfare Officers made a difference to the mental contentment of the old persons concerned.

Excellent relationships exist between officers of the National Assistance Board and those of the Department. There is an interchange of information regarding old people for whose benefit the services of either Authority are being provided.

Flatlets for the Aged

A further development in the care of old people, which came into operation early in 1965, is the scheme of flatlets for the aged, with warden supervision. As infirmity increases, the ability to clean and maintain a larger house decreases and the new type of dwelling should enable the less active old people who live alone to retain their independence into advanced old age.

Two blocks of flatlets have been opened during the year, "Thorburn House" Norley Hall, 32 flatlets, and "Alexandra House," Bottling Wood, Whelley, 25 flatlets.

Two further blocks are expected to be opened next year.

The flatlets, comprising living room, bed recess and a small kitchen, are grouped in blocks with some shared facilities, i.e., lounge, T.V. room, laundry, bathrooms, etc.

A communication bell system is provided between each dwelling and the Warden's flat.

Electric "off peak" underfloor heating is provided and most of the aged persons have expressed delight at having continuous warmth in every part of the building, and in being relieved of the work of looking after open fires which becomes more of a burden as they become older. The cost has proved to be well within their means.

The Department is intimately associated with the selection of tenants, and is responsible for the Wardens.

It has been found possible to transfer four aged persons, who had become fit to undertake household duties again, from Part III accommodation to the flatlets, thus releasing valuable Hostel beds for cases of a more urgent nature. The furnishings for three of these flatlets were provided as a result of donations from the Rotary Club, the 61 Society, the Wigan Women's Labour Party and the Julia Alice Smith bequest fund. Two other flats were tenanted by registered blind persons and furnishings were provided by the Wigan, Leigh and District Society for the Blind.

Handicraft Classes are held in the Communal Lounges on one afternoon each week and film shows are given periodically by the Wigan Cine Club. These are much appreciated by the tenants, and have been a means of their getting to know each other more easily.

The combination of independence and companionship works well in practice, and the presence of a Warden, who can offer assistance in case of illness or emergency, removes the fear which otherwise hangs over aged persons who live alone.

TEMPORARY ACCOMMODATION

At the 31st December, 1965, 2 families were accommodated in the flatlets at the Welfare Home.

The work of helping problem families is quite considerable and is time-consuming and arduous. Results are, at times, unrewarding but, on the other hand, some gratifying successes have been achieved where intensive work had been undertaken and where the family had improved to the extent that it had been able to take its proper place in the community.

So many people are concerned with problem families that to avoid duplication and divided responsibilities, an *ad hoc* committee composed of representatives of Health and Welfare, Housing, Children's, Education Welfare Departments, Moral Welfare Society, National Assistance Board, Probation Service, and N.S.P.C.C., meets bi-monthly to discuss and consider in detail the best ways and means of helping particular problem family cases.

OTHER SERVICES

Holidays at Rockwood, Colwyn Bay

Holidays at the Council's Aged Persons' Home at Colwyn Bay were provided for aged persons who were in need of care and attention for a limited period, whose relatives or friends were themselves desirous of taking a holiday but who for the remainder of the year were prepared to care for them in their own homes.

Section 47. Removal of Persons in Need of Care and Attention

It was not found necessary to take action under this Section during the year. Cases have arisen where Section 47 procedure might have been applied but has been avoided due to the satisfactory re-adjustment of the old persons' mode of life, habits, etc., made possible through the efforts of the officers of the Health and Welfare Department.

Section 48. Protection of Movable Property

Two applications were received during the year requesting the Authority to provide protection of movable property.

Section 50. Burial of the Dead

Under this Section of the Act, Local Authorities must accept responsibility for the burial or cremation of the body of any person who has died or been found dead in their area, where it appears that no other person or organisation will do so. The decision of the Ministry of Health a few years ago, that the cost of burial of patients dying in hospital could be a proper charge on health service funds, has somewhat relieved the financial burden.

During the year, the service was provided in 3 cases.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

Section 29.

Welfare of the Blind

The functions of the Authority are administered on an agency basis by the Wigan, Leigh and District Society for the Blind. Two Home Teachers are employed and seconded to the Society for duty. The Society provides sheltered employment and training for suitable blind persons, enabling them to engage in work in Workshops for the Blind.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. Their needs vary considerably—financial assistance, education, training for employment, pastime occupations, handicrafts and cultural interests. In the course of their duties, the Home Teachers endeavour to establish a friendly contact between themselves and the blind persons, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

The care of the Deaf Blind persons without speech is one of the most difficult problems confronting the Home Teacher. All Deaf Blind persons must have regular visits and means of communication (e.g., The Manual Alphabet) must be taught and used.

The Society act as agents for the “British Wireless for the Blind” Fund and instal and maintain all sets free of charge.

The Health Committee have purchased 10 Talking Book Machines which have been loaned to blind persons, and are much appreciated.

Extra amenities, such as trips to the seaside, holiday grants, Christmas grants and all kinds of social activities are provided by the Society from the Voluntary Fund and it is only by the generosity of the many donors to the Fund that the Society is able to provide these services to the blind people of the area.

Classification of Registered Blind Persons by Age Groups

Age Group	Total Register 31.12.65			New Cases Registered during 1965 Age at Registration	
	M.	F.	Total	M.	F.
0	—	—	—	—	—
1	—	—	—	—	—
2	—	—	—	—	—
3	—	—	—	—	—
4	—	1	1	—	—
5—10	3	—	3	—	—
11—15	1	1	2	—	—
16—20	1	1	2	—	—
21—30	2	—	2	—	—
31—39	4	3	7	—	—
40—49	8	7	15	—	—
50—59	4	5	9	—	1
60—64	7	5	12	—	1
65—69	6	11	17	—	2
70—79	20	24	44	3	4
80 and over	12	23	35	1	3
TOTALS	68	81	149	4	11

Ages at which Blindness Occurred

Age Group	Total Register			New Cases Registered during 1965		
	M.	F.	Total	M.	F.	Total
0	10	7	17	—	—	—
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	1	1	—	—	—
5—10	2	2	4	—	—	—
11—15	2	2	4	—	—	—
16—20	1	1	2	—	—	—
21—30	8	4	12	—	—	—
31—39	4	2	6	—	—	—
40—49	5	3	8	—	—	—
50—59	8	10	18	—	1	1
60—64	5	13	18	—	2	2
65—69	5	8	13	—	1	1
70—79	12	22	34	3	5	8
80 and over	5	5	10	1	2	3
TOTALS	68	81	149	4	11	15

During the year ended 31st December, 1965, 15 names were added to the Register of Blind Persons and 19 names removed. Details are shown on the following table:—

No. of registered blind persons at 31.12.64	....	....	154
No. registered 1st January, to 31st December, 1965	....	15	
Transfers into Area	....	....	—
Re-certified	....	....	15
			<hr/>
			169
Deaths	....	....	18
Removals out of area	....	....	2
De-certified	....	....	—
			<hr/>
No. on Register 31.12.65	....	....	149
			<hr/>

The cause of blindness in the above new cases was as follows:—

	Males	Females
Senile Macular Degeneration	1	4
Senile Macular Degeneration and Cataracts	—	1
Senile Degeneration of Choroid and Retina	1	—
Carcinoma of Antrum and Radio Therapy	—	1
Glaucoma....	—	1
Central Degeneration of Choroid and Retina	—	1
Cataract	1	2
Bilateral Corneal Degeneration	—	1
Corneal Opacity and Lens Sclerosis	1	—
	<hr/>	<hr/>
	4	11
	<hr/>	<hr/>

Follow-up of Registered Blind Persons

(1) No. of cases registered as blind during the year in respect of which Sec. F. Para 1 of Forms B.D. 8 recommends:—	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	—	—	4
(b) Treatment (medical, surgical or optical)	4	—	—	6
(2) No. of cases at (1) (b) above, which on follow up action, have received treatment	3	—	—	6
(3) No. of cases at (2)				
(a) Vision improved	1	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	3	—	—	6

Follow-up of Registered Partially-Sighted Persons

(1) No. of cases registered as partially-sighted during the year 1965, in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends:—	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	—	—	—
(b) Treatment (medical, surgical or optical)	1	—	—	3
(2) No. of cases at (1) (b) above, which on follow-up action have received treatment	—	—	—	3
(3) No. of cases at (2) above, in which:—				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	—	—	—	3

Register of Partially-Sighted Persons

Age Group	Registered at 31.12.65			Registered during 1965		
	M.	F.	Total	M.	F.	Total
1	—	—	—	—	—	—
2	—	—	—	—	—	—
3	—	—	—	—	—	—
4	—	1	1	—	—	—
5—10	1	—	1	—	—	—
11—15	3	—	3	—	—	—
16—20	1	—	1	—	—	—
21—30	1	2	3	—	—	—
31—39	1	—	1	—	—	—
40—49	1	—	1	1	—	1
50—59	3	2	5	—	1	1
60—64	3	1	4	—	—	—
65—69	3	—	3	—	—	—
70—79	5	5	10	2	—	2
80 and over	3	4	7	1	—	1
	25	15	40	4	1	5

Welfare of Blind Children

Three blind children, who have been ascertained under the Education Act (Handicapped Pupils and School Health Service Regulations) as being in need of special educational treatment, are being maintained by the Authority as follows:—

	M.	F.
Wavertree School	1	1
Condoover Hall School	—	1
Sunshine House, Southport	—	1

Workshop Employment

The types of employment and extent of provision available for Borough cases are as follows:—

Brush making	....	....	....	4
Basket making	....	....	....	2
Machine knitters	....	....	....	1
Chair seating	....	....	....	—
Piano tuning	....	....	....	1
Salesman	....	....	....	1
Cleaner	....	....	....	1

Home Workers

There is no Home Workers' Scheme in Wigan.

Placement in Open Industry

The following arrangements have been agreed for carrying out the placement of blind persons in open industry.

- (1) That each case within the area of the Wigan County Borough be dealt with as it arises.
- (2) That the operation of the placement service be dealt with jointly by the Medical Officer of Health through the Welfare Services Section, the Voluntary Society for the Blind through the Superintendent, and the Local Disablement Resettlement Officer.

Welfare of the Deaf

The functions of the Authority are, in accordance with the Approved Scheme, administered on an agency basis by the Wigan and District Deaf and Dumb Society, acting as agents for the County Borough of Wigan.

Deaf Register—Grouping

Children under 16:		Male	Female
Attending Special School	....	7	2
Persons aged 16 and upwards:			
Employed	....	21	7
Unemployed but capable of, and available for, training for work	....	—	—
Incapable of, or not available for, work	....	7	14
		35	23
		58	

Register of the Deaf defined as in Ministry of Health Circular 25/61

MALE		Under 16 yrs.	16—64 yrs.	65 yrs. & over
Deaf without speech	....	7	16	5
Deaf with speech	....	—	4	3
FEMALE				
Deaf without speech	....	2	11	6
Deaf with speech	....	—	4	—

Welfare

During the year a considerable amount of time was spent in placing deaf persons in employment and assisting school leavers to find jobs, in co-operation with the Youth Employment Officer. The Society stresses the importance of placing deaf persons in employment where he or she will be happy and contented.

Visits to deaf people in their own homes brings the human element very much to the fore; personal problems and family difficulties all need careful understanding and prompt attention. Interpretation, on the occasions when it is of prime necessity that everything is understood by the deaf, is another important aspect of the work which cannot be too strongly stressed.

Accommodation

	Males	Females
Home for the Aged and Infirm Deaf, Blackpool	1	1

Social

Social life has followed very much the same pattern, with socials and events at the Institute for the members, bowls, football matches, hiking and camping being the outdoor pursuits. Two members of the Institute football team were chosen to represent Great Britain in the International Games for the Deaf held in Washington, U.S.A.

Regular services were held in the Institute Chapel during the year.

Welfare of the Hard of Hearing

There are 286 known hard-of-hearing persons in the Wigan Borough area.

During the year, help was provided through the local Society for the Deaf in obtaining repairs of Medresco Hearing Aids. Advice and assistance have also been given in individual cases. There is a local Hard-of-Hearing Fellowship which has a membership of 30.

Handicapped Persons (General Classes)

CLASSIFICATION OF GENERALLY HANDICAPPED PERSONS

HANDICAP	Adults		Children		TOTAL
	Male	Female	Male	Female	
Amputation	27	5	—	—	32
Arthritis and Rheumatism	14	10	1	—	25
Congenital Malformations	22	18	2	—	42
Diseases	60	26	1	—	87
Injuries	66	7	1	—	74
Organic Nervous Diseases	56	60	1	—	117
Other Nervous and Mental					
Deformities	21	14	—	—	35
T.B. (Respiratory)	8	5	1	—	14
T.B. (Non-Respiratory)	1	1	—	—	2
Other disorders (not specified					
above)	6	7	—	—	13
	281	153	7	—	441

Handicapped Persons (Accommodation)

Six Handicapped Persons are in accommodation provided by other authorities, as follows:—

	Males	Females
Maghull Homes for Epileptics	1	3
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam	—	1

Adaptations

The Scheme authorises the Council to incur expenditure on alterations to the homes of handicapped persons so as to assist them to overcome the effects of their disability. Most of the applications arise as a result of the proposed issue of wheelchairs or invalid tricycles by the Ministry of Health, when there is a need for assistance towards the cost of making a pavement crossing or providing an access path to the storage shed. Six handicapped people were helped in this way during the year.

Handicrafts

Handicraft classes are held at the Social Centres in Crompton Street and Tunstall Lane, and visits are made to homebound handicapped persons.

During the year 364 classes were held and 303 visits made to the homebound.

Handicapped persons are taking advantage of the facilities offered at the Centres and have been encouraged to attend the handicraft classes provided. The types of work undertaken by the men are rug-making, basketry, lampshades, tapestry, leatherwork; the main occupations of the women being crochet work, embroidery, hand and machine knitting, woodwork, lampshades, dressmaking, millinery and raffia work.

There appears to be a very happy atmosphere in the Classes and many new friendships have been made.

Other Services

Holidays have been arranged for several blind and other severely disabled persons at the Aged Persons' Home at Colwyn Bay.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.V.S., Old People's Welfare Committees, Churches, Youth Organisations and Dramatic Societies in connection with the welfare of aged and handicapped persons. During the year the following amenities were provided:—

- Outings for handicapped people;
- Transport of handicapped persons to and from employment;
- Food parcels and coal to needy and elderly persons;
- Books, magazines, etc., to Homes and Centres;
- Clothing for necessitous cases;
- Toys for children;
- Visiting elderly persons;
- Complimentary tickets for social events;
- Film shows.

CIVIL DEFENCE

Care of the Homeless

The Medical Officer of Health is responsible for the planning of the Rest Centre Service, and during the year there has been maintained a list of 34 premises which have been earmarked for this purpose.

Billeting

Further progress has been made during the year in compiling a register of accommodation in the Borough which could be made available for the billeting of the homeless in the event of war.

Section VI

**Sanitary Circumstances
of the Area**

WATER SUPPLY

The responsibility for the supply of water to the Borough is vested in the Makerfield Water Board. During the year the sources of supply have remained substantially unchanged and have been satisfactory as regards quantity and quality. I am indebted to Mr. Round, Engineer and Manager of the Board, for the following information.

During the year, samples of raw water and treated water were submitted for bacteriological examination. The following is a summary of the reports:—

	No. of results showing Coliform bacilli absent	Coliform bacilli present	Bact. Coli (Type 1) present
Raw Water	0	52	52
Treated Water	153	3	—

All treated water samples in which Coliform Bacilli were present were found to be negative when cover samples were taken.

Chemical Analysis

Representative results from each major source are shown in the table on page 106.

The waters have apparently shown no tendency towards plumbo-solvent action and no special precautions are taken apart from routine chemical analysis in regard to this.

Action taken in respect of any form of contamination is as follows:—

If contamination occurs above the treatment works, this is either combatted by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination showing up in any “district” samples, immediate re-sampling is undertaken, and in the event of this confirming contamination, the main or service affected is disconnected and chlorinated after which a further series of samples are taken until the matter is cleared up.

The number of dwelling houses and the number of population supplied from public water mains direct to the houses are as follows:—

Dwelling houses	24,933
Population	77,690
No houses are supplied by means of standpipes.	

SEWERAGE AND SEWAGE DISPOSAL

Practically the whole of the Borough is sewered and drained. The sewage is conducted from the town by two main outfall sewers (27 ins. and 36 ins. in diameter) to the Sewage Disposal Works at Hoscarr—which are seven miles distant. Before leaving the Town the sewage is passed through detritus tanks and fine screens, where grit and gross solid matters are removed mechanically. At this point, storm water flows in excess of 3 dry weather flow and up to a maximum of 6 dry weather flow are treated in the storm water tanks. During storms of high intensity, flows in excess of 6 dry weather flow pass direct into the River Douglas.

The main treatment works at Hoscarr provides full treatment for five million gallons per day, dry weather flow, of sewage and trade effluent. One million gallons of this is trade effluent from a food factory.

The sewage flow enters the Hoscarr Works via the outfall Pumping Station, designed to increase the carrying capacity of the outfall sewers. Preliminary settlement is carried out in four radial flow tanks equipped with electrically-operated desludging gear. The settled sewage gravitates to four batteries of biological filters designed to operate as either single, alternate double, or re-circulation filters. Two automatic pumping stations controlled by flow recorders provide accurate proportioning of the re-circulated effluents. Before passing forward to the River Douglas the filtered effluents receive adequate settlement for removal of filter solids. The combined sludges from the sedimentary processes are treated in single stage heated digestion tanks prior to dewatering on sludge drying beds. Four dual fuel engine generating sets, designed to operate on diesel oil, or on methane gas evolved during digestion of the sludge, have been installed. These provide the whole of the power requirements in respect of pumping, lighting and heating on the new works.

During the year ended 31st March, 1965 the following amounts of sewage have been treated at the Hoscarr Moss and Pemberton Sewage Works:—

Pemberton Storm Water Works	....	....	....	256,995,000	gallons
Hoscarr Works	....	....	....	2,306,450,000	,,
				<hr/>	
TOTAL SEWERAGE TREATED	....	....	....	2,563,445,000	,,
Total solids removed, detritus tanks and screen chambers,					
Pemberton	....	....	....	....	3,631 tons
Total solids removed, Hoscarr Works	....	....	....	....	55,320 ,,
Total dried sludge recovered, Hoscarr Works (Dry solids)	....	....	....	....	1,272 ,,
Weight of dried solids per million gallons of sewage	....	....	....	....	0.551 ,,
Rainfall for year (Hoscarr Works)	....	....	....	....	30.86 inches

PUBLIC BATHS

The Baths Manager, Mr. T. E. Millar, has kindly supplied the following statistics and report:—

The Public Baths which are situated in Millgate are now coming to the end of their useful life, due to the deterioration of both plant and buildings. During the past year the baths, particularly the school swimming programme, has had a terrific boost in the number of people using the premises, indeed it would be true to say that 1965 was probably the most successful year the baths has had since it was opened in 1882.

Private Bath users continue to decrease due to the demolition of slum property and rehousing.

The Wigan Corporation Baths comprises two Indoor Swimming Pools, one Ladies, one Gents, 16 Slipper Baths, one Cabinet Vapour Bath and an Establishment Laundry.

One pool is 56 feet long by 21 feet wide and has a capacity of 33,000 gallons. The large pool is 75 feet long by 25 feet wide and has a capacity of 67,000 gallons.

The Filtration and Chlorination plants were installed in 1935. These plants consist of two 10 ft. diameter Royles Type Vertical Filters, chemical tanks and a Wallace and Tiernan Chlorinator. This installation gives a complete change of heated, chlorinated, filtered water every $2\frac{1}{2}$ hours to the small pool, and every 4 hours to the larger pool. Frequent tests of the water are made during each day and the water is maintained at the standard recommended by the Ministry of Health. Frequent samples of water taken from the Pools for bacteriological examination and chemical tests indicate that the condition of the water is satisfactory.

BATHERS

Swimming	....	....	....	....	....	....	....	144,825
Education Department (Children under instruction)	....	....						66,935
Private Baths	....	....	....	....	....	....	....	14,776
								<hr/> 226,536

Number of Bathers during the past five years:—

1961	....	....	....	....	....	....	....	183,118
1962	....	....	....	....	....	....	....	196,576
1963	....	....	....	....	....	....	....	170,355
1964	....	....	....	....	....	....	....	204,193
1965	....	....	....	....	....	....	....	226,536

The construction of the New Wigan Baths is now progressing and it is hoped to be completed early in 1966. There will be an Olympic size Swimming Pool 165 ft. x 42 ft., a Russian Vapour Bath, Slipper and Shower Baths in addition to the two existing pools. When complete the New Baths will be the largest single establishment in the country. Every effort has been made to ensure that the Swimming Pool water will be at all times sterile. Fully automatic chlorination and chemical dosing equipment will be installed.

PUBLIC CLEANSING

Mr. E. Cox, the Director of Public Cleansing, has supplied the following particulars:—

Refuse Collection and Disposal.—The collection of dry house refuse and trade refuse is carried out entirely by mechanical transport. 79 per cent. of the refuse collected is disposed of by tipping.

Nightsoil and Pail Refuse.—The refuse (330 tons) is disposed of direct to farmers as manure. All pails are washed and disinfected after each collection.

Trade Refuse.—Fixed charges were introduced on 1st November, 1950, for the removal of this refuse. The shops and business premises in the town centre have a daily collection.

1,370 tons of trade refuse was delivered at the tipping site by private traders and contractors.

A scale of charges, in accordance with vehicle capacity, is operated.

Gully Cleansing.—During the year, 15,917 gullies were emptied.

Public Conveniences.—The following conveniences and urinals are maintained and cleansed by the Department:—

1 public convenience for ladies and gents, with attendants.

5 public conveniences for ladies and gents, without attendants.

14 public urinals.

All urinals are cleansed and inspected twice per day, once on Sundays.

General.—The quantity of refuse dealt with by the Refuse Disposal Plant during the year 1965 was 5,499 tons, and the quantity tipped was 20,565 tons. In April, 1950, the Corporation introduced a Dustbins Renewal Scheme, as a direct rate charge. During the year 566 bins were renewed and 378 sold to private properties not included in the scheme. In addition, 53 bulk containers were supplied for use at the new blocks of flats and certain industrial premises.

124,000,000 square yards of street have been swept during the year.

CREMATION

The Medical Officer of Health, his Deputy and an Assistant Medical Officer on the Health Department staff act as medical referees to the Corporation Crematorium. During the year under review 802 certificates for cremation were issued.

PUBLIC HEALTH INSPECTION

Mr. John B. Marsh, Chief Public Health Inspector, reports:

The year was an eventful one in that while favourable staff conditions prevailed, heavy increases in duties were encountered.

The Meat Inspection Regulations 1963 allows the slaughtering of animals on any day between 7-0 a.m. and 7-0 p.m. providing notification is given. Massive use of this provision took place, with the result that inspection was required on every day of the week and on almost every weekday evening. As a result the number of animals slaughtered has risen from 54,607 in 1963 to 63,559 in 1964 to 107,126 in 1965. All the public health inspectors were involved in this overtime work and they had to be compensated for their overtime by being given time off in lieu, which of course resulted in other work having to be curtailed.

This was also the first full year of operation of the Offices, Shops and Railway Premises Act, 1963. The Act is the subject of a separate annual report but it is relevant to state that 854 general inspections were carried out.

In preparation for the increased house building programme 619 individual unfit houses and 100 unfit houses in clearance areas were represented to the appropriate committee. By the end of the year 607 demolition orders had been made and a compulsory purchase order covering another 51 houses was confirmed. From unfit houses 380 families comprising 1,080 persons were re-housed by the Council. The demolition of 287 unfit houses was completed and 10 unfit houses were closed.

No smoke control orders have been made since 1963. The position with regard to industrial pollution however continues to be satisfactory.

Samples of food, drugs and water were submitted for chemical and bacteriological analysis, the results being generally satisfactory. The position concerning the description, labelling and advertising of food was also found to be satisfactory. Samples of animal feeding stuffs, fertilisers and filling materials for upholstery, etc. were also taken and no adverse reports were received.

Summary of Work Undertaken During the Year

Houses and premises inspected and visited <i>re</i> nuisances and complaints	1,873
Re-visits to nuisances	2,478
Other visits made	667
Visits to premises (testing of drainage)	84
Nuisances discovered	1,122
Nuisances abated	1,047
Notices issued (preliminary)	523
Notices issued (formal)	262
Letters issued <i>re</i> Nuisances	528
Visits to premises <i>re</i> Housing Acts	1,812
Re-visits to premises <i>re</i> Housing Acts	1,027
Visits <i>re</i> Housing Survey	64
„ Certificates of Disrepair	15
„ Infectious diseases and food poisoning	75
Visits to slaughterhouses	3,830
Visits <i>re</i> Offensive trades	13
Visits to markets	39
„ butchers' shops	218
„ food preparers	128
„ caterers	77
„ other food shops	440
„ dairies	40
„ milkshops	140
„ ice-cream manufacturers	22
„ ice-cream shops	60
„ bakehouses	55
„ houses in multiple occupation	8
„ common lodging houses	2
„ factories—power	112
„ factories—non-power	17
„ building sites etc.	12
„ cinemas	8
„ places of entertainment	20
„ caravans	3
„ <i>re</i> Offices, Shops and Railway Premises Act	880
„ <i>re</i> rats and mice—dwellings	2,945
„ „ other premises	766
„ smoke abatement	228
No. of shops observations	2
Visits to shops under Shops Act	52
Visits <i>re</i> Poisons Act	14
Visits to premises <i>re</i> applications for tenancy of Council houses	8
„ verminous premises	61
Reports to Borough Engineer <i>re</i> dangerous structures	17
Watercourse Inspections	7
Visits to Licensed Premises	121
„ <i>re</i> Standard Grants	408
„ conversions	4
„ Improvement Grants	1,934
„ Noise abatement	68

Visits <i>re</i> Merchandise Marks Act	....	....	....	....	....	47
„ Animal Boarding Establishments	....	....	....	....	....	11
„ Children’s Nightdress Regulations	....	....	....	....	....	3
„ Consumers Protection Act	....	....	....	....	....	1

Samples Obtained

Food and Drugs	....	....	....	....	....	....	....	226
Water (for chemical analysis)	....	....	....	....	....	....	....	16
Water, Milk and Ice-cream (for bacteriological examination)	....	....	....	....	....	....	....	345
Fertilisers and Feeding Stuffs	....	....	....	....	....	....	....	14
Rag flock	....	....	....	....	....	....	....	4

ATMOSPHERIC POLLUTION

The measurement of pollution is carried out by means of deposit gauges whose contents are analysed monthly, and daily smoke filter and volumetric sulphur dioxide apparatus. The equipment is standard and designed by the Fuel Research Station of the Department of Scientific and Industrial Research to which station all measurements are transmitted. National pollution figures are produced from the results obtained from all co-operating bodies. The instruments only give a reading applicable to the site of the instruments. Various factors such as fog and high winds especially affect deposit gauges but nevertheless the readings do indicate the pollution figures for a particular set of conditions during that particular month.

DEPOSIT GAUGE AT WIGAN INFIRMARY

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month-ly Av.
Total Solids (tons/sq. mile)	9.19	*	9.75	9.32	12.82	7.31	7.05	12.72	10.40	9.80	10.13	7.38	9.62
Insoluble Solids (tons/sq. mile)	1.81	1.68	5.73	3.79	6.24	2.04	2.45	7.82	3.69	4.60	1.68	1.81	3.61

* Insufficient rainfall for analysis.

Domestic Pollution

No smoke control orders have been made since the Marsh Green Order became operative on the 1st December, 1963. The position therefore is still unchanged and is as follows:

Operative Smoke Control Areas

		Acres	Dwellings	Factories	Other Premises	Date of operation
No. 1	....	97	870	1	24	1st July, 1962.
No. 2	....	609	621	3	35	1st December, 1962.
No. 3	...	550	1501	2	18	1st December, 1963.

Industrial Pollution

Industrial and commercial interests have gone a long way in installing new plant and converting old installations. By and large they are complying with the requirements of the Clean Air Act.

Chimney Heights

Plans were received involving the construction of 6 new chimneys. In each case an increased height was agreed upon and the plans subsequently passed.

Prior Approval of Boiler Plant

No applications were received from installers of new boiler equipment.

Smoke Offences

During the year one notice was served under Section 16 of the Clean Air Act, 1956. No legal action was necessary as this notice had the desired effect.

Offensive Trades

The offensive trade premises in the Borough comprise: 1 fell-monger, 1 fat boiler, 1 gut scraper and fat boiler and 1 gut scraper.

Visits have been paid to these premises and no cause for complaint has been found.

The Rag Flock and Other Filling Materials Regulations, 1951

Four samples were taken during the year and the results of the examinations were satisfactory.

Factories Acts

141 routine visits were made to factories and other premises in the area. The tables below show the conditions found and action taken.

PREMISES	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	8	17	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	331	112	9	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	30	12	1	—
TOTAL	369	141	11	—

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.) ...	—	—	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temp. (S.3.) ...	—	—	—	—	—
Inadequate ventilation (S.4.)	—	—	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	8	8	—	8	—
(c) Not separate for sexes ...	1	1	—	1	—
Other offences against the Act (not including offences re- lating to Out-work)	—	—	—	—	—
TOTAL	9	9	—	9	—

Outworkers

From the lists received 18 persons were engaged on outwork—15 in basket making and 3 in wearing apparel. Although the manufacture of washleathers does not appear to be one of the occupations applying to outworkers for a number of years returns indicate that this type of work is being carried on. Lists indicate that 7 persons are so engaged.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, safety and welfare of persons employed in offices, shops and railway premises and its requirements follow closely those of the Factories Acts. 1965 saw the first full year's implementation of this long-awaited act. The main provisions are concerned with:—

Cleanliness	Overcrowding
Temperature	Ventilation
Lighting	Sanitary Conveniences
Washing Facilities	Drinking Water
Seating Arrangements	Accommodation for Clothing
Seats for Sedentary Workers	Eating Facilities
First Aid Requirements	Prohibition of Heavy Work
Fencing of Machinery	Cleaning of Machinery
Dangerous conditions	Floors, passages and stairs
Notification of Accidents	

Under the Act an annual report must be made to the Minister of Labour, a summary of which is given below:—

Inspections

854 general inspections were made during the year. 26 other visits were carried out.

Registered Premises

CLASS OF PREMISES	No. of premises registered at end of year	No. of registered premises receiving a general inspection during year
Offices	285	216
Shops	522	511
Wholesale shops, warehouses	62	41
Catering establishments open to the public, canteens	101	85
Fuel storage depots	3	1

Analysis of Persons Employed

CLASS OF WORKPLACE	No. of persons employed
Offices	3276
Shops	2448
Wholesale departments, warehouses	993
Catering establishments open to public	883
Canteens	16
Fuel storage depots	33
Total	7649
Total males	2553
Total females	5096

Notifiable Accidents

17 accidents were reported during the year and 16 of these were investigated. Legal proceedings were not considered necessary but a formal warning was given in one instance and informal advice given in 7 instances.

Legal Proceedings

No legal proceedings were instituted under the Act.

SHOPS ACT

The part of the Shops Act, 1950, relating to the health and welfare of shop assistants is repealed and re-enacted in the Offices, Shops and Railway Premises Act, 1963. Details of the new Act appear on page 99.

The part of the Shops Act, 1950, relating to closing hours, Sunday trading and half-day holidays is still in force. Four complaints were received regarding the sale of prohibited commodities on Sunday and during half-day closing, but on observation no offences came to light.

PHARMACY AND POISONS ACT, 1933

No. of "Listed Sellers" on register	65
--	------	------	------	------	----

PLACES OF ENTERTAINMENT

These premises are invariably kept in a satisfactory condition. In addition to routine visits all the places of entertainment are inspected and reported on annually prior to the granting of the licence.

RODENT CONTROL

Prevention of Damage by Pests Act, 1949

Every reported infestation of rats or mice is investigated. All outbreaks occurring on domestic premises are treated free of charge, whilst treatment on industrial or business premises is charged for. In addition the sewerage system is treated by baiting manholes.

This year some 1,000 manholes were treated with sodium fluoracetamide and a 100% test bait proved that the treatment had been very effective.

Visits paid by rodent operatives:—

[illegible]

Section VII



Housing

SLUM CLEARANCE

During the year many houses were represented as being unfit for human habitation. Of the two methods of representing such properties the Council has, until recently preferred to treat such houses as individual unfit units rather than to group unfit houses with clearance areas. The emphasis will change in future and the clearance area procedure coupled with compulsory powers will be used to clear the land and secure its proper development.

Individual Unfit Properties

No. of unfit houses represented to committee	....	....	....	....	619
„ demolition orders made	....	....	....	....	607
„ closing orders made	....	....	....	....	8
„ certificates of unfitness on Council owned property	....	....	....	....	18

Clearance Area-Compulsory Purchase Orders

Princess Street/Regent Street Order containing 51 houses was confirmed.
Taylor Street/Swann Street Order containing 46 houses was submitted
Holland Street/Catherine Street Order containing 54 houses was submitted

DEMOLITION AND RE-HOUSING

	No. of houses	Displaced	
		Persons	Families
Houses Demolished in Clearance Areas	24	47	14
Houses Demolished as a result of action under Sec. 16 and 17 of Housing Act	236	991	353
Unfit houses closed	10	25	7
Local authority owned houses demolished	27	17	6

HOUSE IMPROVEMENT

Improvement Areas

In addition to individual applications for grant aid for house improvement the Authority has designated four areas as "Improvement Areas." It is the intention to secure the improvement of all houses in such areas, including the use of compulsory powers if necessary. The position in the four areas at the end of 1965 was as follows:—

Improvement Area	No. in Area	No. Improved
No. 1 (Swinley)	82	44
No. 2 (Scholes)	90	46
No. 3 (Springfield)	128	60
No. 4 (Springfield)	211	26

Owners in these areas have responded to the Council's intentions and it has not been necessary to use the compulsory improvement powers contained in the Housing Act, 1964.

Standard Grants

154 applications for Standard Grants were received during the year for some or all of the five amenities. 128 Grant payments were made to owners of houses where work had been completed.

Discretionary Grants

Many enquiries were received for the Discretionary Grant and all were investigated. This resulted in 81 formal applications being made, 80 of which were approved.

At the end of the year 51 houses had been fully improved and many were in the process of being improved.

HOUSING ACCOMMODATION

No. of dwelling houses erected in 1965:—

By Local Authority	....	....	....	....	....	....	....	595
By Private Enterprise	....	....	....	....	....	....	....	201

Unfit houses made fit and houses in which defects were remedied:—

After informal action by local authority	....	....	....	....	....	639
After formal notice (a) Public Health Acts	....	....	....	....	....	215
(b) Sec. 9 and 16 Housing Act, 1957	....	....	....	....	....	3

Housing accommodation as at 31st December, 1965:—

No. of dwelling houses	....	....	....	....	....	....	....	24,933
No. of business premises with living accommodation	....	....	....	....	....	....	....	641
No. of licensed premises with living accommodation	....	....	....	....	....	....	....	135
								<hr/> 25,709 <hr/>

COMMON LODGING HOUSES

The one remaining common lodging house received its last annual licence. It was situated in an area scheduled for comprehensive re-development and its demolition was required at the end of the year.

No. of common lodging houses in the Borough	....	....	....	....	....	....	....	1
No. of lodgers allowed nightly	....	....	....	....	....	....	....	63
No. of visits	....	....	....	....	....	....	....	2

HOUSES IN MULTIPLE OCCUPATION

This accommodation does not present the department with much of a problem. These houses are reasonably well maintained and managed.

No. of visits	8
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LEGAL PROCEEDINGS TAKEN DURING THE YEAR

In no case was it necessary to institute legal proceedings against the owner of property for non-compliance with a Formal Notice.

RENT ACT, 1957

During the year 10 applications were received for Certificates of Disrepair. In 4 cases the landlord gave an undertaking to carry out the necessary work within six months. 6 certificates were issued.

Two applications for the revocation of a certificate were received. The tenants did not object to the cancellation of the certificates.

Section VIII

**Inspection and
Supervision of Food**

EXAMINATION OF WATER

Chemical Analysis

During the year 16 routine samples of water and one sample from a spring were sent to the Public Analyst for examination.

The results of these examinations, expressed in averages, are given below:—

	Bispham and Nicholsons	Worthington and Thirlmere
	Parts per 100,000	Parts per 100,000
Temporary Hardness ...	13.6	5.6
Permanent Hardness ...	17.4	5.7
Total Hardness ...	31.0	11.3
Alkalinity ...	13.6	5.6
Combined Chlorine ...	3.8	2.3
Ammoniacal Nitrogen	.000	less than .001
Albuminoid Nitrogen ...	less than .002	.003
Nitrogen as Nitrites ...	Nil	Neg.
Nitrogen as Nitrates ...	.19	.08
Oxygen absorbed in 4 hrs. at 27° C. ...	.05	.07
PH Value ...	7.0	7.5

Bacteriological Examination

During the year 78 routine samples of water were sent to the Public Health Laboratory, Manchester, for examination. Five samples of tap water were unsatisfactory but these were cleared on follow-up.

MILK SUPPLY

Both the remaining pasteurising plants in the borough ceased production during the year. The Wigan Co-operative Society Ltd., who operated the high temperature/short time plant joined a dairy operated by a consortium of co-operative societies. The other, a family firm, ceased to operate their holder process in favour of purchasing bottled pasteurised milk from other sources. At the present time, therefore, no heat treatment of milk is carried out in the borough. Sampling however is still carried out to ensure that the milk conforms to the statutory standards.

Towards the end of the year a new milk designation "Ultra Heat Treated" was introduced. This designation can be applied to milk which has been raised to a temperature of not less than 270°F. for not less than one second, and conforms with the other requirements of the Milk (Special Designation) (Amendment) Regulations 1965. No applications to use this designation were received.

No. of visits to dairies	....	....	....	....	....	....	....	40
No. of visits to milkshops	....	....	....	....	....	....	....	140
No. of dealers licensed for the sale of sterilised milk	....	....	....	....	....	....	....	304
No. of dealers licensed for the sale of pasteurised milk	....	....	....	....	....	....	....	131
No. of dealers licensed for the sale of untreated milk	....	....	....	....	....	....	....	64
No. of dealer (pasteuriser's) licenses	....	....	....	....	....	....	....	3
No. of persons registered as distributors of milk	....	....	....	....	....	....	....	313
No. of premises registered as dairies	....	....	....	....	....	....	....	3

Bacteriological Examination of Milk

144 samples of milk were submitted for bacteriological examination:—

PASTEURISED	95	All samples passed the Phosphatase and 93 the Methylene Blue Tests.
UNTREATED:	8	All samples passed the Methylene Blue Test.
STERILISED:	41	In all cases the Turbidity Test was negative.

Brucella Abortus

Two samples were taken this year for the Ring test and both satisfied the test. Of the exceedingly small amount of untreated milk for retail which enters the borough it was ascertained that further samples were being taken at source in the adjoining authorities.

Chemical Examination of Milk

55 Samples of milk were taken for chemical analysis. All were satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There is no egg pasteurising plant in the Borough. 10 samples have been taken, all of which proved satisfactory.

ICE CREAM

There are three registered manufacturers operating ice-cream pasteurising plant. Of course there are many vehicles and premises following the current trend of manufacturing soft ice-cream for which no registration is required. This soft ice-cream is a pre-packed, pasteurised mix which is whipped and frozen just prior to sale in machines usually located in a vehicle or shop.

100 samples were taken and subjected to the methylene blue reduction test. This is a colour reduction test and the results are expressed as Grades 1—4. A comparison of the last two years' results is set out below.

	1964	1965	
Grade 1	86	89	} satisfactory
„ 2	14	8	
„ 3	6	—	} unsatisfactory
„ 4	5	3	

Three samples of ice cream were also taken for chemical analysis by the public analyst. These complied with the statutory standards laid down.

Retailers

The number of premises registered under Section 34 of the Wigan Corporation Act, 1933 for the sale of ice-cream on 31st December, 1965 was 358.

FOOD PREMISES

Number of food premises in the Borough:—

“Purveyor of Meat” premises	....	....	....	....	....	86
Restaurants, cafes and snack bars	....	....	....	....	....	42
Fried Fish shops	....	....	....	....	....	61
Grocery shops	....	....	....	....	....	371
Greengrocery shops	....	....	....	....	....	55
Bakehouses	....	....	....	....	....	46
Ice-cream premises	....	....	....	....	....	354
Dairies	....	....	....	....	....	4

Inspection of Food Premises

The following is a summary of the defects discovered at food premises upon inspection:—

Insufficient washing facilities	....	....	....	....	....	19
Insufficient personal washing facilities	....	....	....	....	....	50
Lack of cleanliness of ceilings	....	....	....	....	....	47
Lack of cleanliness of walls	....	....	....	....	....	49
Lack of cleanliness of floors	....	....	....	....	....	15
Lack of cleanliness of working surfaces and shelves	....	....	....	....	....	8
Lack of cleanliness of vehicles	....	....	....	....	....	3
Lack of cleanliness of equipment	....	....	....	....	....	14
Defective floor and/or covering	....	....	....	....	....	35
Defective walls	....	....	....	....	....	6
Defective ceilings	....	....	....	....	....	11
Defective working surfaces	....	....	....	....	....	7
No first-aid kit	....	....	....	....	....	41
No clothing cupboard or locker	....	....	....	....	....	9
Insufficient cover for food	....	....	....	....	....	4
Insufficient lighting	....	....	....	....	....	19
“Wash your hands” notice not displayed	....	....	....	....	....	38
Inadequate refuse collection and/or storage	....	....	....	....	....	7
Unsatisfactory toilets	....	....	....	....	....	27
Dirty and unsatisfactory storage	....	....	....	....	....	7
Inadequate ventilation	....	....	....	....	....	7

Education

Education of shopkeepers in connection with "clean food" has been carried out by means of individual talks on the premises and by the distribution of suitable pamphlets.

Food Hygiene

The task of bringing all food premises up to the prescribed structural requirements has almost been completed but by far the greatest problem is the education of the food handler. It is a long painstaking task undertaken by the public health inspectors whilst the food handler is at his task. A great deal of patience, tact and time is required, and only when this problem is overcome can the Food Hygiene Regulations be said to be effective. To support these visits striking posters from the Central Council for Health Education are liberally distributed, and there is no doubt that these posters do have a considerable impact.

MARKET HALL

The Market Hall contains in one unit the main market, the fish market, the wholesale and retail fruit markets. Frequent visits are made and the conditions are satisfactory.

CLUBS AND LICENSED PREMISES

Due to the Licensing Act, 1961, many visits have been paid to clubs with a view to obtaining reports for the guidance of the licensing Bench. The method of inspection has been to apply fully the Food Hygiene Regulations and also to insist on separate toilet facilities. During the year some 121 visits were made.

MEAT INSPECTION

The Slaughterhouses (Hygiene) Regulations (Appointed Day No. 5) Order 1964 and the Slaughter of Animals (Prevention of Cruelty) Regulations (Appointed Day No. 5) Order 1964 came into effect from the 1st January, 1965. From that date therefore, all slaughterhouses had to comply in every respect with regulations concerning construction, hygienic practices and the prevention of cruelty. There are eight private slaughterhouses situated in the Borough, two of which are bacon factories, the rest being used for general purposes.

Under the Meat Inspection Regulations the occupier of a slaughterhouse can slaughter animals any day of the week provided he gives notice of intention. During the year a large increase in the number of animals slaughtered took place. The figure rose from 63,559 to 107,126, an increase of 53%. This increase followed a previous annual increase of 14%.

Much of the work involved in carrying this extra burden was done mainly on Saturdays and Sundays and in the evening after normal working hours. It made inroads into time normally accepted as leisure time.

As the local authority apply the scale of charges for meat inspection they received an enhanced income for the years work. The income was £4,668 9s. 9d. an increase of £1,294 14s. 3d. or a 38.4% increase.

No. of visits to slaughterhouses	....	....	....	....	....	....	3,830
,, markets	....	....	....	....	....	....	39
,, butcher's shops		....	....	....	....	....	218
No. of certificates issued (condemned food)		....	....	....	....	....	390

Carcases Examined During the Year 1965

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined	7638	7849	162	34569	56908	107126
Carcases totally condemned	3	13	9	57	15	97
Percentage totally condemned	0.04	0.17	5.56	0.16	0.03	0.09

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	7638	7849	162	34569	56908	—
Number inspected	7638	7849	162	34569	56908	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI:						
Whole carcasses condemned	3	13	9	55	15	—
Carcases of which some part or organ was condemned	1507	4127	7	9980	5383	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	19.8	52.7	9.9	29.0	9.5	—
TUBERCULOSIS ONLY:						
Whole carcasses condemned	—	—	—	2	—	—
Carcases of which some part or organ was condemned	—	—	—	42	—	—
Percentage of the number inspected affected with tuberculosis ...	—	—	—	0.13	—	—
CYSTICERCOSIS:						
Carcases of which some part or organ was condemned	34	30	—	—	—	—
Carcases submitted to treatment by refrigeration	17	4	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1965.

	Whole carcase and all Offal Con- demned	Part of Carcase Con- demned	OFFAL CONDEMNED									
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys	Udders	Mesen- teries
Affected with Tuberculosis:												
Cattle (exc. Cows) ...	—	—	—	—	—	—	—	—	—	—	—	—
Cows	—	—	—	—	—	—	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	2	—	41	—	1	—	—	1	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis:												
Cattle (exc. Cows) ...	—	—	14	—	—	19	—	—	1	—	—	—
Cows	—	—	17	—	—	13	—	—	1	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with other Diseases:												
Cattle (exc. Cows) ...	3	—	18	332	1429	14	25	55	6	47	—	3
Cows	13	1	27	834	3954	27	162	175	28	254	1132	15
Calves	9	—	—	4	1	—	—	—	—	6	—	—
Pigs	55	3	111	9725	2441	1541	16	12	—	92	8	25
Sheep	15	—	1	215	5332	21	—	4	—	3	—	—
	97	4	229	11110	13158	1635	203	247	36	402	1140	43

Summary of other Food Condemned, 1965

Meat	1922 lbs.
Canned Meat	778
Fish	23 lbs.
Canned Fish	61
Fruit	1372 lbs.
Canned Fruit	665
Vegetables	5135 lbs.
Canned Vegetables	722
Canned Milk	46
Canned Jam	2
Canned Soup	19
Packages of Other Food	272
Other canned or bottled foods	206
Chickens	7
Bacon	566 lbs.
Ham	368 lbs.

All food condemned, other than meat, is destroyed at the Frog Lane Depot of the Corporation Cleansing Department.

FOOD AND DRUGS ACT, 1955—SAMPLING

During the year 226 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1965:—

ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements		ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements	
		Number	%			Number	%
Ale	1	—	—	Marmalade	3	—	—
Apricots	1	—	—	Meat loaf	3	—	—
Beef (minced)	1	—	—	Meat pies	2	1	50
Black puddings	3	—	—	Milk	55	—	—
Brandy	1	—	—	Mincemeat	2	—	—
Bread	5	1	20	Mixed peel	1	—	—
Butter	3	—	—	Mustard	1	—	—
Cakes and biscuits	10	1	10	Pepper	3	—	—
Cake mixture	1	—	—	Pickles	3	—	—
Cheese	3	—	—	Pie filling	1	—	—
Cheese sprcad	1	—	—	Polony	1	—	—
Cherries... ..	1	—	—	Potato cakes	1	—	—
Chutney	1	—	—	Potato (Instant)	1	—	—
Coconut	1	—	—	Rum	1	—	—
Coffee (ground)	3	—	—	Salad Cream	1	—	—
Coffee (Instant)	1	—	—	Salad Roll	1	1	100
Coffee Essence	1	—	—	Salmon (potted)	3	—	—
Cornflour	2	—	—	Salt	1	—	—
Cough Mixture	4	—	—	Sardines	1	—	—
Crab (dressed)	2	—	—	Sauce... ..	1	—	—
Cream	5	—	—	Sausage	1	—	—
Crumpets	1	—	—	Semolina	2	—	—
Curry Powder	2	—	—	Sild	1	—	—
Dates	1	—	—	Soda Water	2	2	100
Desert Topping	1	—	—	Soft drink	3	—	—
Dripping	2	—	—	Soft drink powder	1	—	—
Epsom Salts	1	—	—	Soup	6	—	—
Figs	1	—	—	Spaghetti	1	—	—
Fish cakes	2	—	—	Spice	1	—	—
Fish paste	1	—	—	Steak	2	1	50
Flour	2	—	—	Suet	2	—	—
Gelatine	1	—	—	Sweets	3	—	—
Gin	1	—	—	Table jellies	2	—	—
Grapefruit Juice	1	—	—	Tablets	6	2	33
Gravy Browning	4	—	—	Tea	3	—	—
Honey	1	—	—	Tea cake	2	2	100
Ice Cream	3	—	—	Tinned milk	3	—	—
Ice Lolly	1	—	—	Tomato juice	1	—	—
Icing	1	—	—	Tomato ketchup	2	—	—
Jam	3	—	—	Tonic water	1	—	—
Lard	1	—	—	Trifle	1	1	100
Lemon Curd	4	—	—	Vinegar	1	—	—
Macaroni	1	—	—	Whisky	1	—	—
Margarine	4	—	—	Yogurt	1	—	—
Action taken in regard to unsatisfactory samples is given on page 113.				226	12	5.3	

SAMPLES NOT UP TO SATISFACTORY STANDARDS

ARTICLE	No. of Sample		REPORT	REMARKS
	Informal	Formal		
Portion of Sliced Loaf	16		Bread heavily contaminated with soiled dough, causing dark stains throughout the bread. Contamination not positively identified	Warning letter.
Salad Roll	37		Salad roll in which the lettuce was grossly contaminated with soil	Fined £10 plus £5 5s. costs.
Apple Turnover	38		Apple turnover heavily contaminated with mould, which consisted of a number of different kinds of mould, one of which was the blue mould (Penicillium)	Fined £15 plus £5 5s. costs.
Tea cake containing salmon spread and cucumber	39		Bread containing fragments of an insect embedded in the dough	Fined £20.
Meat and Potato pie	113		Deficient in meat to the extent of 44 per cent.	Warning letter.
Stewed Steak	139		Consisted of steak and vegetables incorrectly described as "stewed steak"	Warning letter.
Aluminium Hydroxide Tablets	166		Deficient in aluminium oxide and in neutralising capacity	Formal samples to be taken.
Acid Acetyl-salicylic tablets	167		Containing an excess of salicylic acid	Formal samples to be taken.
Soda Water	188		Deficient in sodium bicarbonate to the extent of 86 per cent.	Formal samples to be taken.
Part of a Trifle	224		Contaminated with part of a centipede	Fined £10 and costs.
Part of a Tea cake	225		Contaminated with a piece of wire	Case dismissed.
Soda Water		226	Deficient in sodium bicarbonate to the extent of 84 per cent	Fined £5 and costs.

ANNUAL REPORT OF THE PUBLIC ANALYST

I am indebted to the Borough Analyst, Mr. J. Graham Sherratt, B.Sc., F.R.I.C. for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1965.

Food and Drugs Act, 1955

Number of samples of Foods and Drugs analysed	....	....	226
Number of samples regarded as sub-standard or otherwise unsatisfactory	....	....	12*
Percentage unsatisfactory	....	....	5.3%

*The samples classified as unsatisfactory included 6 "complaint" samples, i.e., they were submitted to the Department by members of the public who suspected some contamination or other irregularity in articles that they had purchased for consumption.

Brief details of the samples classified as unsatisfactory are given below:

A.—Routine

NAME OF SAMPLE	NATURE OF ADULTERATION OR IRREGULARITY.
Meat & Potato Pie	Deficient in meat to the extent of 44 per cent (Based upon proposals made by the Ministry of Agriculture, Fisheries & Food).
Stewed Steak	The sample consisted of steak and vegetables—incorrectly described as "Stewed Steak."
Aluminium Hydroxide Tablets	Deficient in aluminium oxide and in neutralising capacity
Acid Acetylsalicylic Tablets	Containing an excess of salicylic acid.
Soda Water (Informal)	Deficient in sodium bicarbonate to the extent of 86%.
Soda Water (Formal)	Deficient in sodium bicarbonate to the extent of 84%.

B.—Complaints

Portion of sliced loaf	Bread heavily contaminated with soiled dough, causing dark stains throughout the bread. Contamination not positively identified.
Salad Roll	Salad roll in which the lettuce was grossly contaminated with soil.
Apple Turnover	Apple turnover heavily contaminated with mould, which consisted of a number of different kinds of mould, one of which was the blue mould (<i>Penicillium</i>).
Tea cake containing salmon spread and cucumber	Bread containing fragments of an insect embedded in the dough.
Part of a Trifle	Contaminated with part of a centipede.
Part of a Tea Cake	Contaminated with a piece of wire.

All samples submitted under the Act that are not included in the above list were satisfactory and did not call for individual comment. All samples for which Official Regulations or standards of composition have been made conform to in all respects, and the remaining samples were of satisfactory commercial quality. No indication of metallic contamination was detected in any of the samples contained in sealed cans.

Composition of Milk Samples

Approximately one-quarter of the samples submitted for routine examination consisted of liquid milk. The average composition of these samples is given below, and corresponding figures for 1964 are included in brackets for comparison.

Ordinary milk satisfying the requirements of the Sale of Milk Regulations.

(55 samples)

Average fat	....	....	....	....	3.72%	(3.72%)
Average solids-not-fat	....	....	....	....	8.97%	(8.96%)
Average water	....	....	....	....	87.31%	(87.32%)

It will be noted that the average composition in the two years remained remarkably constant. Two of the samples of milk were farm bottled, and they were separately tested for the presence of traces of penicillin: none was detected in either sample.

FERTILISERS AND FEEDING STUFFS ACT, 1926

Fourteen samples, comprising 7 fertilisers and 7 feeding stuffs were analysed under this Act during the year. The fertilisers included 6 samples of compound fertiliser and one sample of nitrate of soda. The feeding stuffs included 4 compound poultry foods, and one each of cattle food, pig food and white fish meal.

Regulations made under the Act require the percentages of certain components to be declared at the time of sale, and the Regulations also specify permissible limits of variation. The composition of all the feeding stuffs conformed to the appropriate statutory statements, but small differences in excess of the permissible limits of variation were found in two of the samples of compound fertilisers. One sample contained 1.5 per cent less soluble phosphoric acid and 1.1 per cent more insoluble phosphoric acid than the amounts declared. These variations are respectively 0.75 per cent. and 0.6 per cent. outside the permissible limits. The second sample of compound fertiliser contained 0.6 per cent more nitrogen and 0.7 per cent more potash than the amounts declared. These variations are respectively 0.1 per cent and 0.2 per cent outside the limits, but in fact, the purchaser was getting slightly more value than he could expect on the basis of the declaration. The remaining samples of fertiliser were satisfactory.

CHEMICAL ANALYSIS OF WATER

16 samples of domestic water were analysed during the year. The composition was, in all respects, satisfactory, and there was no evidence of harmful contamination by organic matter or by metals. It may be noted, however, that two samples described as Thirlmere Water, taken on the same occasion, contained much more dissolved solids and hardness than this supply normally contains. It is possible that some other supply was circulating in the mains at the time of sampling.

J. GRAHAM SHERRATT

Public Analyst.

LEGAL PROCEEDINGS

Six prosecutions under the Food and Drugs Act, 1955, took place, five of these were successful.

1. A departmental store was fined £10 with £5 5s. costs for selling a salad roll in which the lettuce was grossly contaminated with soil, contrary to the provisions of Section 2, Food and Drugs Act, 1955.
2. The same store, when it was alleged that an apple turnover heavily contaminated with mould had been sold contrary to Section 2 of the Food and Drugs Act, 1955, enjoined the supplier of the apple turnover who was fined £15 with £5 5s. costs.
3. A local confectioner sold a tea cake containing salmon spread and cucumber in which it was alleged that the bread contained fragments of an insect embedded in the dough. A fine of £20 plus costs was imposed.
4. A firm of bakers and confectioners was alleged to have sold a trifle contaminated with a part of a centipede contrary to the provisions of Section 2 of the Food and Drugs Act, 1955. A fine of £10 and costs was imposed.
5. As a result of a formal sample, a bottle of soda water was revealed to be deficient in sodium bicarbonate to the extent of 84%. A fine of £5 plus costs was imposed on the mineral water manufacturer.
6. It was alleged that the previously-mentioned local confectioner had sold a tea cake contaminated with a piece of wire. The public analyst was of the opinion that the wire had been baked into the tea cake. It was alleged by the defence that the "sale" of the tea cake had not been satisfactorily proved. The magistrates upheld the submission and the case was dismissed.

APPENDIX A

COUNTY BOROUGH OF WIGAN

HEALTH DEPARTMENT

A Critical Evaluation of Some Aspects of the Day-to-day Operation of the Ambulance Service in 1965

This was undertaken primarily to study the working of the service by carrying out a field survey and secondarily, to determine whether the resources employed were being used to full advantage.

Organisation and Method studies and investigations of a like nature have been done but no true precedent could be found for a field survey. Because of this, it was decided that no rigid plan would be followed but instead the survey would be patterned by the observation at first hand of the day by day workings of the Ambulance Station, the vehicles and personnel, considering them both separately and as a functioning whole.

All personnel and all Hospital Consultants knew of the survey and it was impressed upon them that it was in no sense an "investigation" and that they could best co-operate by acting as if no survey were taking place.

It soon became clear that the service could not be considered in isolation from either the traffic conditions of the area, the location of hospitals or the internal administration of the hospitals served. In the survey each of the hospitals served is dealt with separately.

TRAFFIC CONDITIONS

The northern half of Wigan is virtually compartmentalised by the main railway line and the Douglas Valley. From the Borough boundary there is no access from Wigan Lane to the Beech Hill area till Walkden Avenue at the junction of Mesnes Road and Kenyon Road. The Douglas Valley effectively cuts off Bottling Wood, and thus Whelley Hospital, from the Infirmary. Driving from the Infirmary to Whelley Hospital means driving via Wigan Lane, Standishgate, Powell Street and so to Scholes.

Again, there is no communication between Springfield, the Frog Lane area and the Marsh Green estate except by returning to Wallgate or travelling via Woodhouse Lane, Martland Mill Bridge and Martland Mill Lane.

Distance is added to many journeys by the delays in traffic in Wallgate and Standishgate at rush hours. It is very often necessary to travel to the Infirmary by Wilcock Street, Miry Lane, Prescott Street, Frog Lane, etc., and so to Earl Street, Swinley Road, Wigan Lane and from the Infirmary by the reverse route. It is often necessary to travel from south of Seven Stars Bridge to Whelley Hospital via Pottery Road, Swan Meadow Road, Corporation Street, Chapel Lane and so to Scholes. Similarly from Beech Hill and Springfield areas en route to Billinge Hospital it is often quicker to take the Martland Mill route referred to above. The shuttling of vehicles between the Infirmary and Whelley Hospital, which is often necessary, exemplifies the cramping effect of these traffic conditions in that travelling between two buildings half-a-mile apart necessitates a single journey of one and three-quarter miles.

HOSPITALS SERVED

Royal Albert Edward Infirmary, Wigan:

This is the general hospital for the Borough. Observation showed that the Casualty Departments and main wards present only minor difficulties, e.g. porters are in short supply, thus the attendants are sometimes kept waiting longer than is strictly necessary but this is not a serious problem and is almost certainly inevitable. Human error, as always, causes a number of unnecessary journeys. There are occasional mistakes in telephone information, addresses notified to the Ambulance Service are sometimes badly written, sometimes a wrong address is given. Delay and confusion can be caused by the person requesting transport failing to appreciate the correct meaning of "sitting case." This can, and does, lead to one attendant turning up for a patient who is indeed sitting but who needs two attendants to cope with him. Occasionally an out-patient fails to keep his appointment but the information that he is too ill or too careless to attend reaches neither the hospital nor the Ambulance Service.

The Physiotherapy Department makes considerable demands upon the service. The Orthopaedic Clinic, the Physiotherapy Department and the X-ray facilities are in close proximity to one another, which certainly is of value to the Ambulance Service in reducing waiting time. Physiotherapy treatment at the Infirmary is arranged to make maximum use of the equipment as suggested by the Ministry, thus separate treatment sessions are arranged for male and female patients and group treatments are arranged for particular conditions, e.g. there is a separate "knee group." This largely determines the time of the patient's appointments and makes the ambulance control's task in minimising journeys correspondingly more difficult. However, the major difficulty is that there would appear to be no effective system of review of the necessity of ambulance transport.

The majority of the patients requiring physiotherapy need such transport in the initial stages of their treatments and very often the duration of the treatment is measured in months. During this survey, cases were seen of patients attending for physiotherapy who could manifestly have used public transport or indeed in one instance their own car, e.g. a young man who had suffered an injury to his hand and forearm being taken for treatment by ambulance long after the injury would have been no inconvenience on an omnibus.

Billinge Hospital, Orrell:

This hospital is at five miles distance from the Ambulance Station. This is the major centre for the Borough for Obstetrics, Psychiatry and Geriatrics. Its unfortunate geographical position means that with the constant pressure on obstetric bed space ten-mile journeys carrying only a single patient may occur a number of times in even one afternoon. The shortage of medical and nursing staff means that a decision may be made to discharge a patient in the morning, another at midday and another late afternoon, depending upon the need for a bed, the operating schedule and the time of ward rounds. There seems no way round this problem at present or in the foreseeable future. The psychiatric services very often lead to unnecessary journeys. This is in large measure due to the vagaries of patients suffering from schizophrenia who will, as the mood takes them, refuse to attend for out-patient treatment when the

ambulance arrives at their door. As more and more patients are being treated as out-patients it would seem unlikely that this problem will diminish. It is worth noting here that the attendants' tact and patience, very often in the face of considerable difficulties, were observed uniformly to be most praiseworthy.

Wrightington Hospital:

This hospital is situated six miles distance from the Ambulance Station and is a major Orthopaedic Centre. Though few patients from the Borough attend, mileage is considerable. Ambulance control is always faced with the dilemma of whether to recall the vehicle from Wrightington Hospital or whether it would be more economical to leave the vehicle there during the time of the patient's treatment. The decision is largely determined by the estimate given by the physiotherapy staff of the time necessary for treatment. This estimate is sometimes grossly over-optimistic. Indeed an example is that during the survey an ambulance stood at Wrightington Hospital for over an hour in the expectation of the patient's treatment occupying only "20 to 25 minutes." At least on two instances there seemed no good physical reason why the physiotherapy treatment could not equally well have been given at Wigan Infirmary, though, no doubt, this would raise considerable problems of professional etiquette.

Whelley Hospital:

This hospital contains beds for infectious diseases and for geriatric patients. Traffic to it is limited but as pointed out above, urgent cases in bad traffic conditions add much mileage because of the crush in Wallgate.

Astley Hospital:

This hospital is situated eleven miles from the Ambulance Station. It largely concerns the ambulance service in the transport of children for and after tonsillectomy. Trips are not frequent but the time in which a vehicle is tied up can be as much as one and a half hours even without unforeseen delays. A small point noted here is that, depending on weather conditions, a vehicle may be unable to communicate by radio with the station for some time.

Miscellaneous:

Journeys involving long mileage have also of necessity to be taken to convalescent homes at the seaside and the large specialised treatment centres in Liverpool and Manchester. There is a regular commitment to undertake a daily journey on alternate weeks to convey convalescent patients between Wigan Hospitals and Sunnyside Hospital, Southport.

GENERAL PRACTITIONERS

It was impracticable in the time available to investigate the requests of family doctors and therefore no first hand evidence can be presented. Nevertheless the strong impression was gained that relations between the service and family doctor are good and that most doctors do try to give as early warning as possible of the need for transport. However, it is still doubtful if general practitioners appreciate fully how complex and demanding is the organisation of an efficient service.

BACKGROUND INFORMATION

Requests for Ambulance Service:

Apart from the Corporation's use of vehicles (e.g. carriage of children to and from Hope School) requests for the use of the service come from:—

1. Hospitals requesting transport at long or short notice for:
 - (a) Out-patients attending by appointment;
 - (b) Patients to be admitted from waiting lists;
 - (c) Out-patients or accidents or emergency cases to go home;
 - (d) Discharged in-patients to go home;
 - (e) Patients to be transferred from hospital to hospital or from hospital to convalescent home.
2. General practitioners arranging out-patient appointments.
3. General practitioners, police, midwives and members of the public, calling an ambulance to an emergency.

Definitions:

“Ambulance” includes all types of ambulance and sitting-case vehicles;

“Out-patient” means anyone who attends hospital for:—

1. A clinical consultation;
2. A pre-arranged diagnostic examination (e.g. X-ray, electrocardiography);
3. A pre-arranged treatment session (e.g. psychiatric treatment, physiotherapy) and does not stay overnight in the hospital.

It therefore excludes accident and emergency cases.

CONCLUSION

It is suggested that statistical comparisons of ambulance services are inherently invalid because an ambulance service cannot be examined as an entity without regard to its functions. As its functions by their very nature involve the geography of the area, the traffic conditions, and the hospitals served, these must be considered very closely and their effect on the ambulance service determined. The internal administration and lay-out of each hospital have considerable effect on the ambulance service. Wigan Ambulance Service is extremely unfortunate in the existing lay-out of the town and resulting traffic conditions which necessitate much longer journeys than would be necessary if road communications were better and if traffic conditions were improved. It is doubly unfortunate that not only is one of the main hospitals served outside the Borough but that this should contain the Obstetric Centre and the Peripheral Psychiatric Unit with Day Care facilities. As mentioned above the bed situation is almost constantly at crisis point. The desperate shortage of medical and nursing staff combine with obstetrical factors to make timing of the discharge of post-partum patients uncertain from, literally, hour to hour. Undoubtedly the success and popularity of the Psychiatric Day Hospital owes much to the ready availability of ambulance transport. The other hospitals present only one major problem, i.e. the carriage of patients for physiotherapy.

Review of a patient's transport need at intervals might be of considerable value here. In relation to this problem it is suggested that certain fundamental attitudes of mind need to be changed. It is accepted by most out-patients that they will get transport by ambulance from beginning to end of their consultations and treatments. Most patients on discharge from hospital expect transport home by ambulance, a very large proportion get it. It is submitted that there is a very strong case for hospital staffs to think more positively about the Ambulance Service in relation to the patients needs. In this respect a lead has already been given in Hospital Memorandum (62)18 where regular review is recommended. Another Ministry document, Hospital O. and M. Service Report No. 8, states, for example, "In appropriate cases, and on the authority of the consultant, physiotherapists should be given permission to cancel ambulance transport and should be expected to do this in advance of the review date if they are satisfied that it is no longer justified."

Clearly the Service is of inestimable value in "rounding up" psychiatric out-patients, some of whom might, but for the ambulance, never keep appointments though physically capable of doing so. It is also clear that many patients most certainly need transport by ambulance on discharge.

This having been stated, there is no evidence that the absence of an ambulance is presented to the physically ill patient as indicating a positive advance in his recovery. It is submitted that this should be the thinking of hospital staff and patient alike. Both should look forward to the day when, during treatment, the patient will first arrive by public transport. Both should be pleased when at discharge no ambulance is needed for the return to home and family.

If this new habit of thought were adopted there might be an end to the prevalent practice of hospital staff ordering an ambulance almost as a routine and either failing to review the need for such transport, or if reviewing, shrinking from informing the patient that he no longer needs an ambulance. It is a matter for regret that the Ambulance Service is not seen as a part of the patient's care but only as a means of transport. The personnel are not seen as trained attendants with special skills but merely as chauffeurs. This is in no way a criticism of hospital staff but rather a statement of an existing set of attitudes to the Ambulance Service which is almost universal.

A more immediate suggestion is that the request card might be altered to have the words, "TWO-HANDED" or even "2H" beside the present form's "STRETCHER/SITTING CASE". Deletion or otherwise would prevent the present confusion about sitting cases.

Relations between hospital staff and Ambulance Service seem to be uniformly excellent. Minor frictions are no doubt inevitable but none were observed or reported during this survey. The ambulance attendants show considerable ingenuity and ability in making the best use of the roads of the areas they cover. Controlling the fleet calls for a high standard of co-ordinated decision-making by the Control Assistant. This requirement is most certainly met.

Health Office,
Library Street, Wigan.
November, 1965.

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